

Name  
in  
Full

Chas. Francis Adams

## CERTIFICATE OF DEATH

Died at *Silver Spring* <sup>Town</sup>*Montg* <sup>County</sup>

MARYLAND

Date of death *1906* <sup>Month</sup> *March*Day *2*Age *93* <sup>Years</sup>

Months

Days

Sex *Male*Color or  
Race*Colored*Birth-  
place*Md.*

Occupation

*Laborer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Mary Adams*Father's  
Name*John Adams*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Kate Adams*Mother's  
Birthplace*"*Name of person giving  
In formation*Mary Adams*How related  
to deceased*Wife*

## CAUSES OF DEATH

Primary

*Gen. Paralysis**(61)*

How long

*one week*

Immediate

*Syncope*

How long

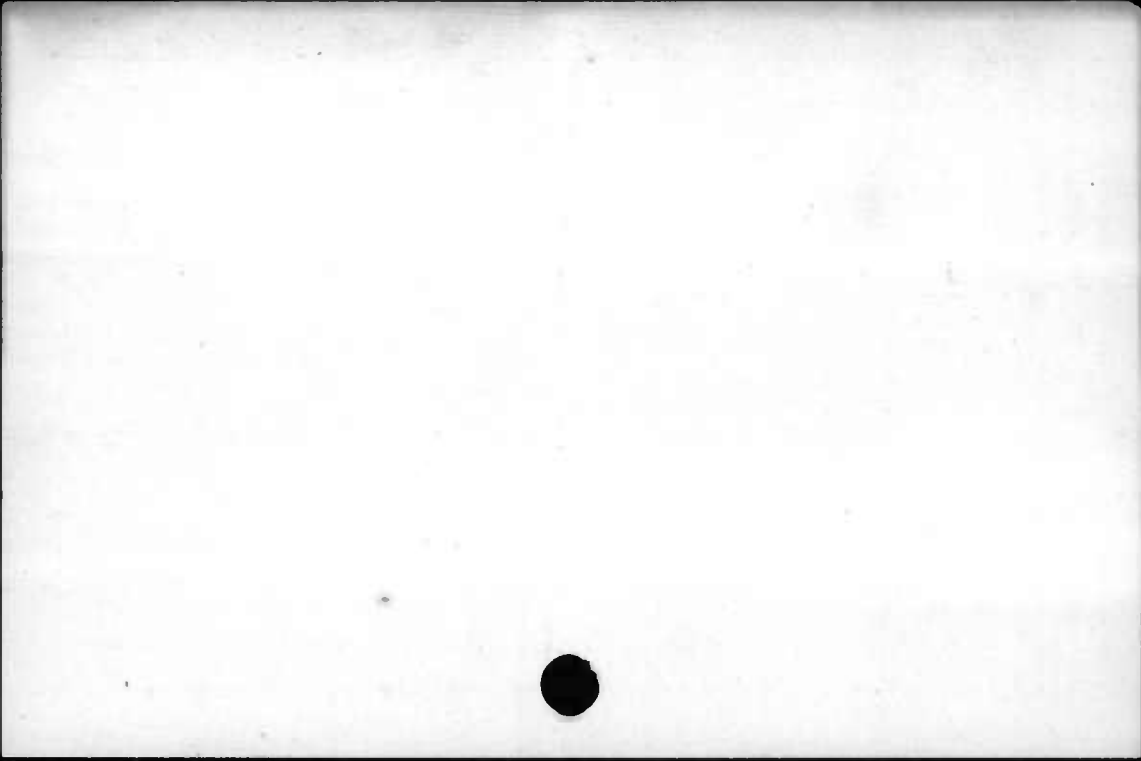
*Two days*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*H. J. Brown*

Address

*Silver Spring**Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Margaret Bartollett

Town

County

MARYLAND

Died at Spencerville

Date

Month

Day

Years

Months

Days

of death 1906

March

24

Age

70

Sex

Female

Color or  
Race

White

Birth-  
place

Pa

Occupation

Kept Home for Grandson

Where Residing if not  
at place of birthMarried, Single  
or WidowedName of Wife or  
Husband

Thomas Bartollett

Father's  
Name

Thomas Bartollett

Father's  
Birthplace

Pa

Mother's  
Maiden NameMother's  
Birthplace

Pa

Name of person giving  
information

Thomas Ross

How related  
to deceased

Grand Son

## CAUSES OF DEATH

Primary

Pneumonia

How long

9 days

Immediate

Aspiration

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

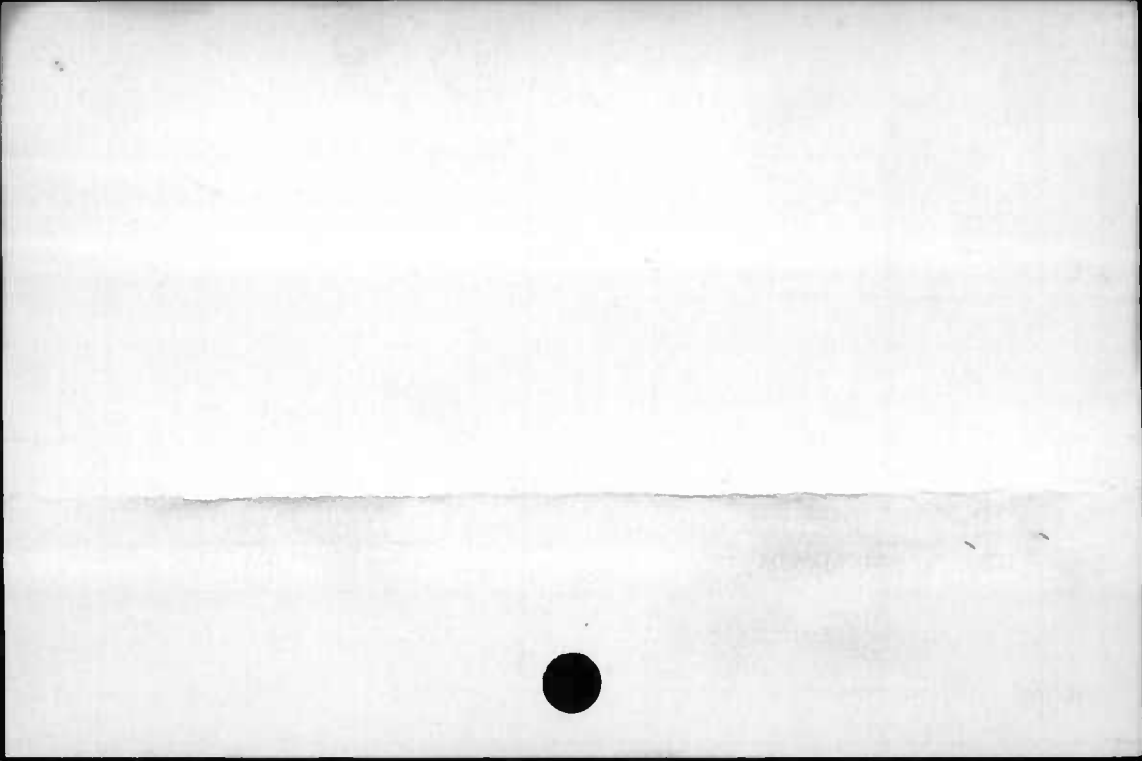
Address

J. R. Watson

Spencerville  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

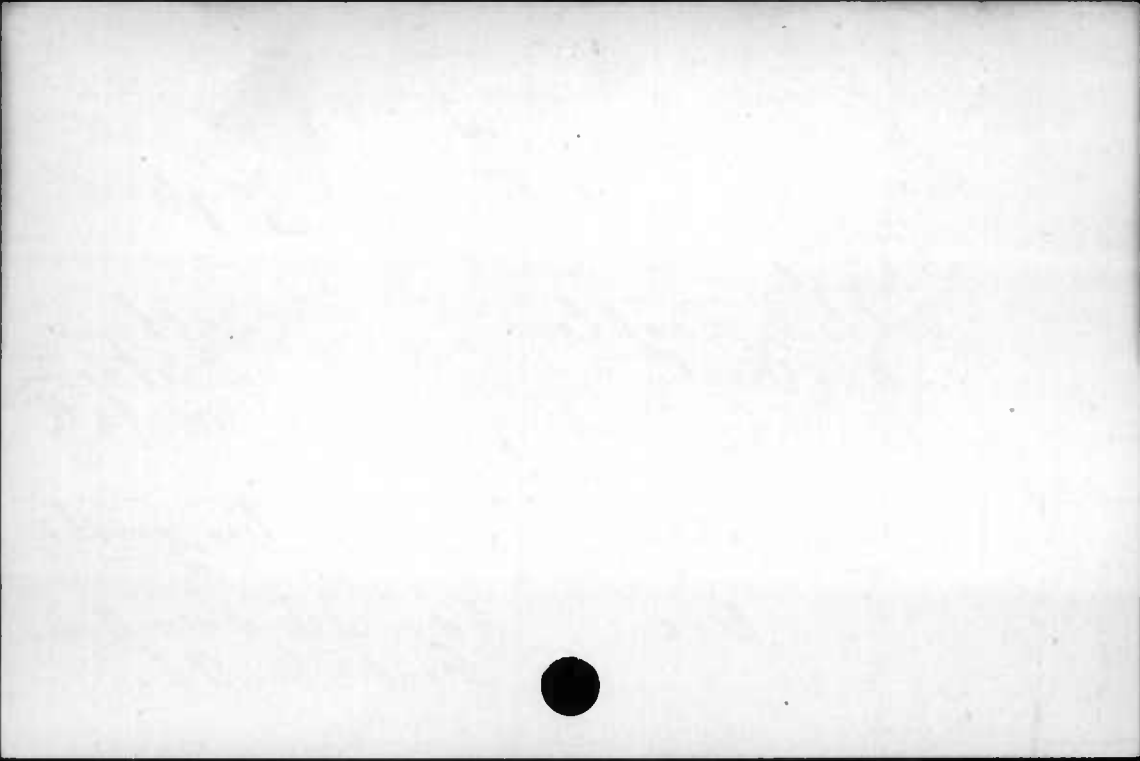
Wm Rudolph Beall

## CERTIFICATE OF DEATH

Died at <u>Poolesville.</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	March	Day	14
Age	71	Years		Months	
Sex	Male	Color or Race	White	Birth-place	md.
Occupation	Farmer		Where Residing If not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <u>Elijah C. Beall</u>		
Father's Name	<u>James B. Beall</u>		Father's Birthplace <u>md</u>		
Mother's Maiden Name	<u>Lavinia Brooks</u>		Mother's Birthplace <u>md</u>		
Name of person giving information	<u>Mrs. Macgouder</u>		How related to deceased <u>daughter</u>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Osteo-Sarcoma of hip</u>	How long	<u>2 years</u>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>B. W. Walling</u>	
	Address <u>Poolesville, md.</u>			
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

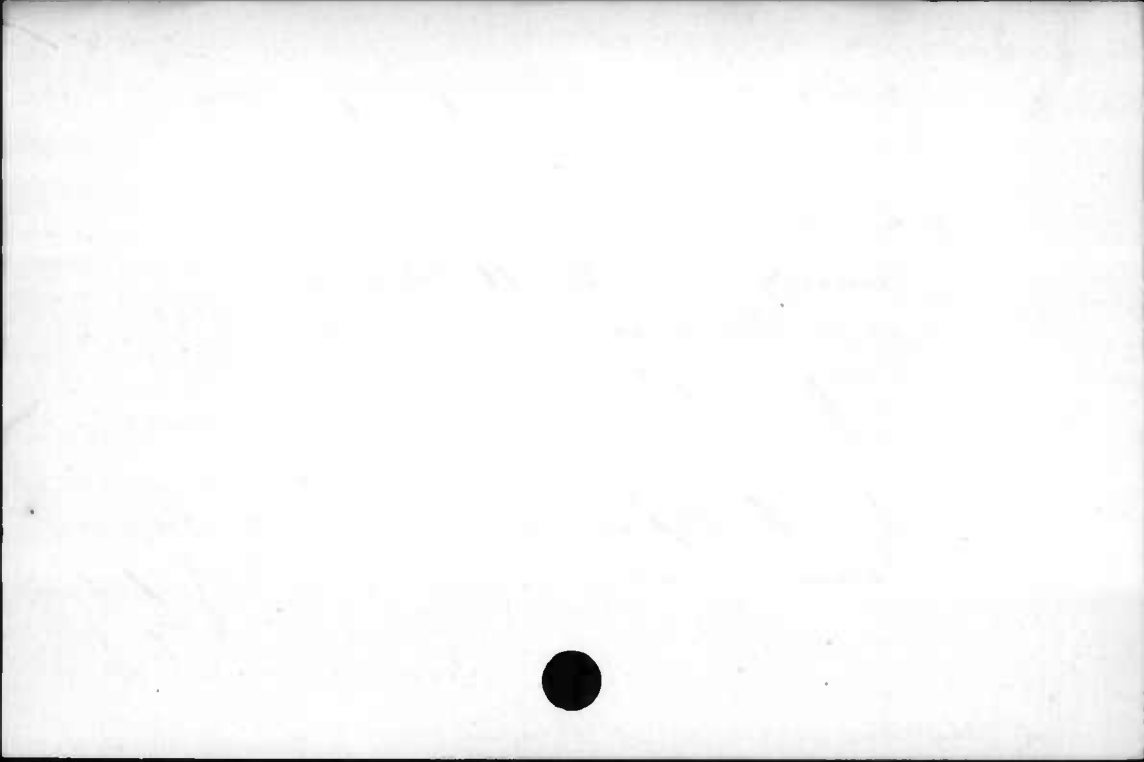
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Etta Boothe</i>		Town <i>near Potomac</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>near Potomac</i>							
Date of death	1906	Month	3	Day	15	Age	2
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>	Months	Days
Occupation	<i>Wom</i>	Where Residing if not at place of death		<i>—</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband		<i>—</i>			
Father's Name	<i>John Mc. Lecklan</i>				Father's Birthplace	<i>Don't know</i>	
Mother's Maiden Name	<i>Etta Boothe</i>				Mother's Birthplace	<i>Don't know</i>	
Name of person giving information	<i>Reuben Pumphrey</i>				How related to deceased	<i>Not at all</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>Two months</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edward Anderson M.D.</i>
		Address	<i>Rockville Md.</i>
Accident or Suicide?			





Name  
in  
Full

Sarah Brown

## CERTIFICATE OF DEATH

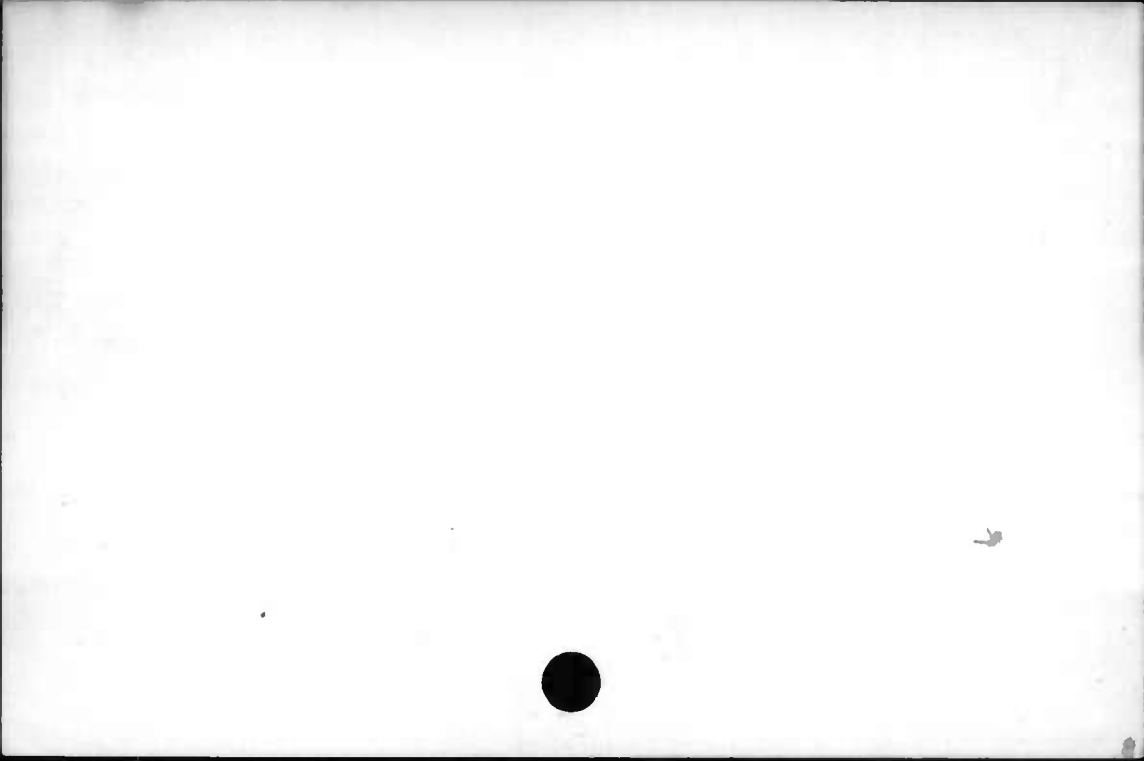
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bethesda</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1906	Month	March	Day	22	Age	60
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>D.C.</i>		Months	
Occupation <i>at home</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm H Brown</i>					
Father's Name <i>George Dorer</i>		Father's Birthplace <i>D.C.</i>					
Mother's Maiden Name <i>Carry Dorer</i>		Mother's Birthplace <i>D.C.</i>					
Name of person giving Information <i>Wm H Brown</i>		How related to deceased <i>husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Le Tippe</i>	How long	<i>5 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>Anthony M. Ray</i>
		Address	<i>Farmington D.C.</i>
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Not named *Chisnell*

Died at *Lickerson* <sup>Town</sup> *Montgomery* <sup>County</sup> **MARYLAND**

Date of death **1904** <sup>Month</sup> *March* <sup>Day</sup> *28* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *Lickerson*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Edward Chisnell* Father's Birthplace *Maryland*

Mother's Maiden Name *Harriet North* Mother's Birthplace *Maryland*

Name of person giving information *Edward Chisnell* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Born* How long *—*

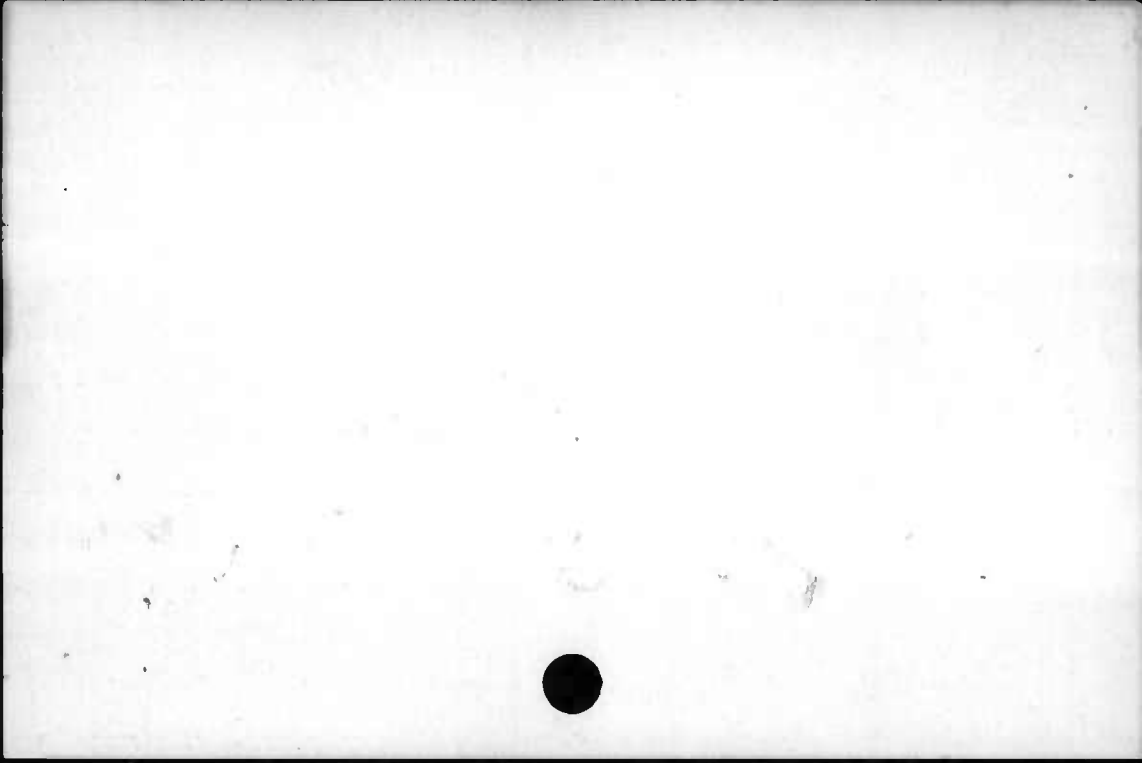
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—*

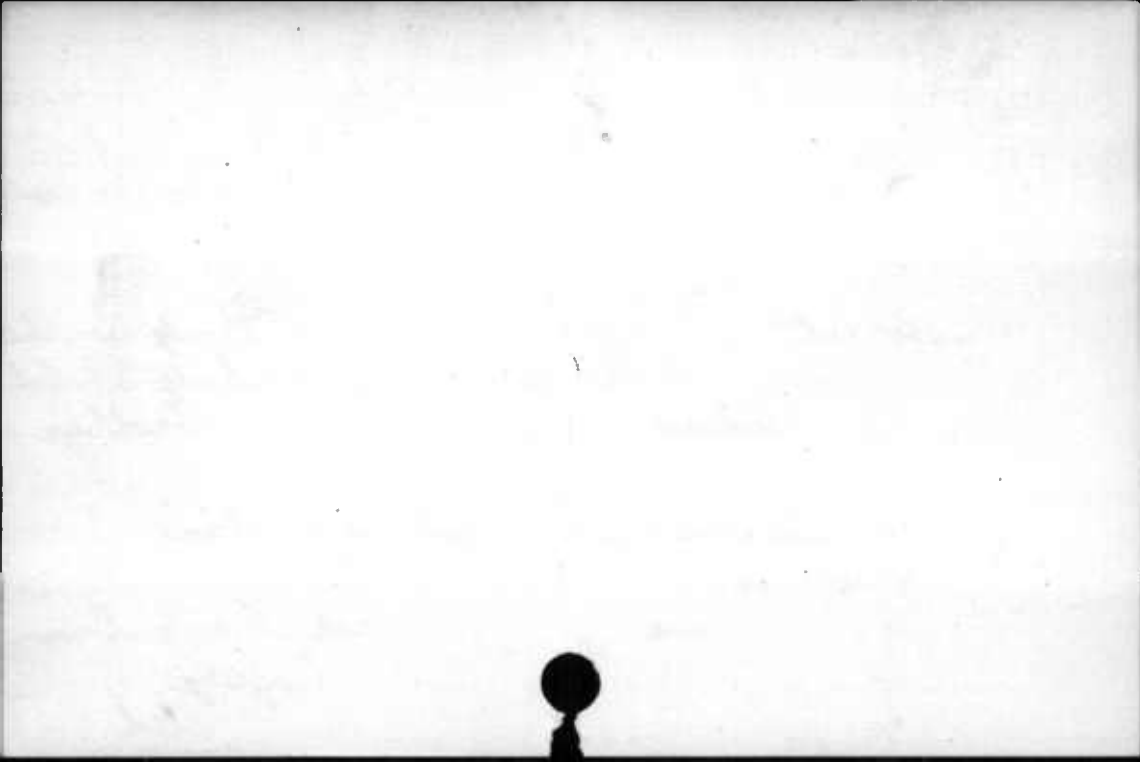
Signature of Physician *W. Stomestrich* Address *Maryland*

*Barnesville*

Accident or Suicide? *—*



Name in Full		James Clark				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Burnh Mills		County		Montg
	Date of death		1906	Month	March	Day	8
	Age		78	Years	78	Months	7
	Sex		Male	Color or Race	White	Birth-place	Scotland
	Occupation		None		Where Residing if not at place of death		
	Married, Single or Widowed		Widowed		Name of Wife or Husband		
	Margaret Clark						
PHYSICIAN OR CORONER	Father's Name		John Clark		Father's Birthplace		Scotland
	Mother's Maiden Name		Mary McKenzie		Mother's Birthplace		"
	Name of person giving information		James Clark		How related to deceased		Son
	CAUSES OF DEATH						
	Primary		Inflammatory Rheumatism		How long		8 mos.
Immediate		Paralysis		How long		5 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		H. J. Brown			
Address		Silver Spring					
Accident or Suicide?		No					



Name  
in  
Full

Rosa Lena Doy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Norbeck		County Montgomery		MARYLAND	
Date of death 1906	Month March	Day 4	Age —	Years —	Months 3	Days 7	
Sex Female	Color or Race Colored		Birth- place Montgo. Co. Md.				
Married, Single or Widowed Single		Occupation —					
Name of Wife or Husband —							
Father's Name Robert Doy				Father's Birthplace Montgo. Co. Md.			
Mother's Maiden Name Mary Jackson				Mother's Birthplace Montgo. Co. Md.			
Name of person giving information Richard Doy				How related to deceased Brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia after the breaking cough		How long 2 days
Immediate	Asthenia.		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Leas. Farguehan
			Address Olney, Md.
Accident or Suicide?			





Died at *Bolesville* Town *Draper* County *Montgomery* MARYLAND  
 Date 19 *06* Month *Mar* Day *31* Age *1* Y. M. D. Native of *Ind* Occupation  
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband ~~Wife~~

Wife

 Father's  
Name

 Mother's  
Maiden Name
*Bertha Draper*

Cause of Death { Primary *Malnutrition* Immediate  
 How long sick *1 month*  
 Accident, Suicide, Homicide

Reported by

Address

Reported by *R. L. Gote Ind*  
 Address *Bolesville Ind*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Lillian Garrett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rockville		County Montgomery		MARYLAND
	Date of death	1906	Month March	Day 13	Age Years	Months	Days
	Sex	female		Color or Race	White		Birth- place
	Occupation	none			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	C. Ed. Garrett				Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving Information					How related to deceased	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Tubercular meningitis			How long	4 weeks	
	Immediate	Heart failure			How long	3 hrs.	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	George E. Lewis, M.D.		
				Address	Rockville, Md.		
<div style="text-align: center;">Accident or Suicide?</div>							

Mr. Humphrey

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

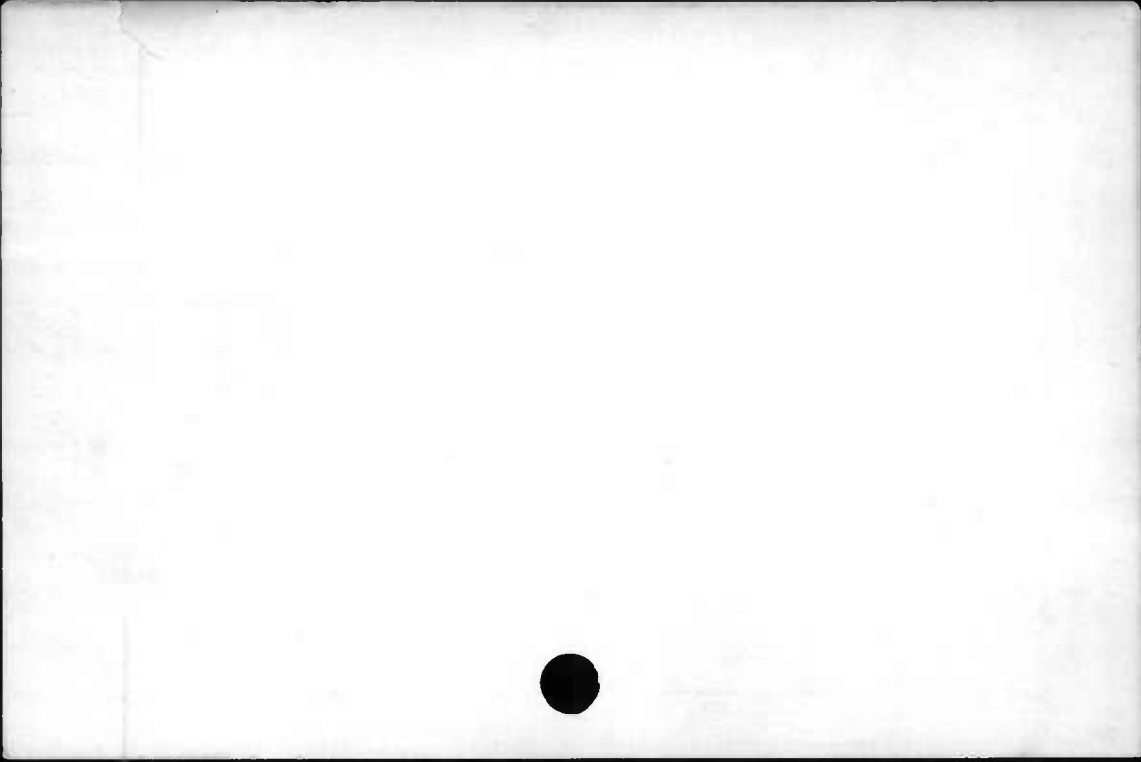
## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Roxville</i> <sup>Town</sup>		<i>Monroe</i> <sup>County</sup>			
Date of death 190	<i>6</i>	Month <i>3</i>	Day <i>12</i>	Age <i>90</i>	Months — Days —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place		
Married, Single or Widowed <i>Widower</i>		Occupation <i>—</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

Primary	<i>Apoplexy</i>	<i>(64)</i>	How long
Immediate			How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. M. Lathrop</i>	
		Address <i>Roxville</i>	
Accident or Suicide?		<i>Ind</i>	



Name  
in  
Full

Mary Green

## CERTIFICATE OF DEATH

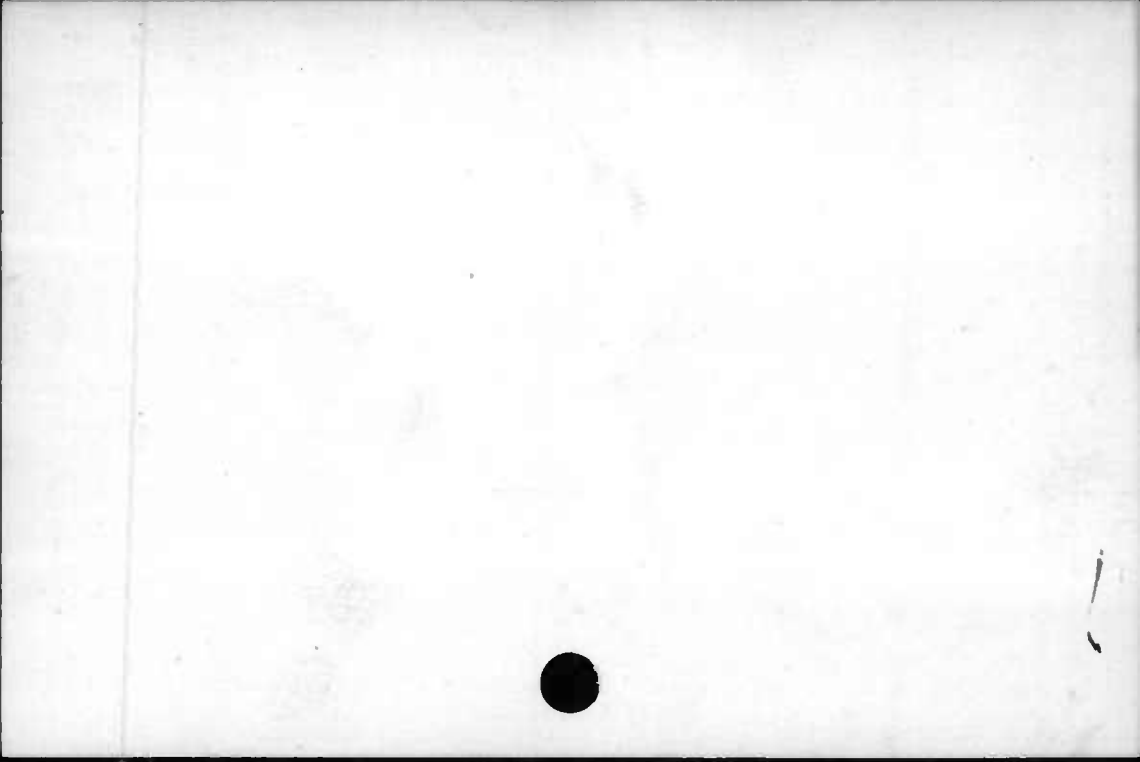
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burnt Mills</i>		County <i>Montg.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>2</i>	Age <i>67</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Va.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Pleasant Green</i>				
Father's Name <i>Jerry Johnson</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Lelara Johnson</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Rantha Green</i>	How related to deceased <i>daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>50</i>	How long <i>About 1 yr.</i>
Immediate <i>Cymeoke</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H.T. Brown</i>	
<i>Yes</i>	Address <i>Silver Spring</i>	
Accident or Suicide?		





Name  
in  
Full

Harkness Hall

## CERTIFICATE OF DEATH

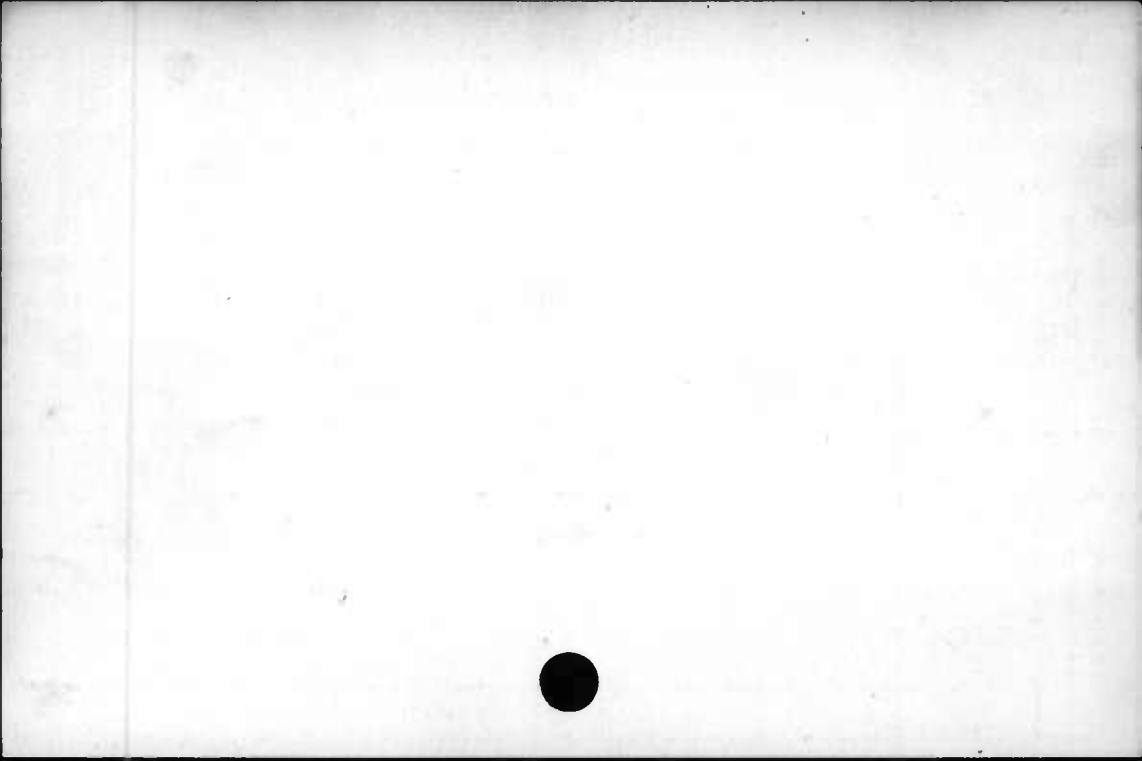
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Barnesville		Montgomery		MARYLAND	
Date of death 190	6	Month	March	Day	22	Age	24
Sex	Male		Color or Race	Black		Birth-place	Maryland
Married, Single or Widowed	Married		Occupation Laborer on farm				
Name of Wife or Husband		Not known					
Father's Name		Isaiah Hall				Father's Birthplace	Maryland
Mother's Maiden Name		Not known Eliza				Mother's Birthplace	11
Name of person giving information		John Hall				How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Obstruction of Bowel		How long	Four days
Immediate	Perforation of Bowel		How long	Two hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Place		Barnesville		
Signature of Physician		J. H. Stinistreich		
Address		Maryland		
Accident or Suicide?				



Name  
in  
Full

Elias Hallucan

## CERTIFICATE OF DEATH

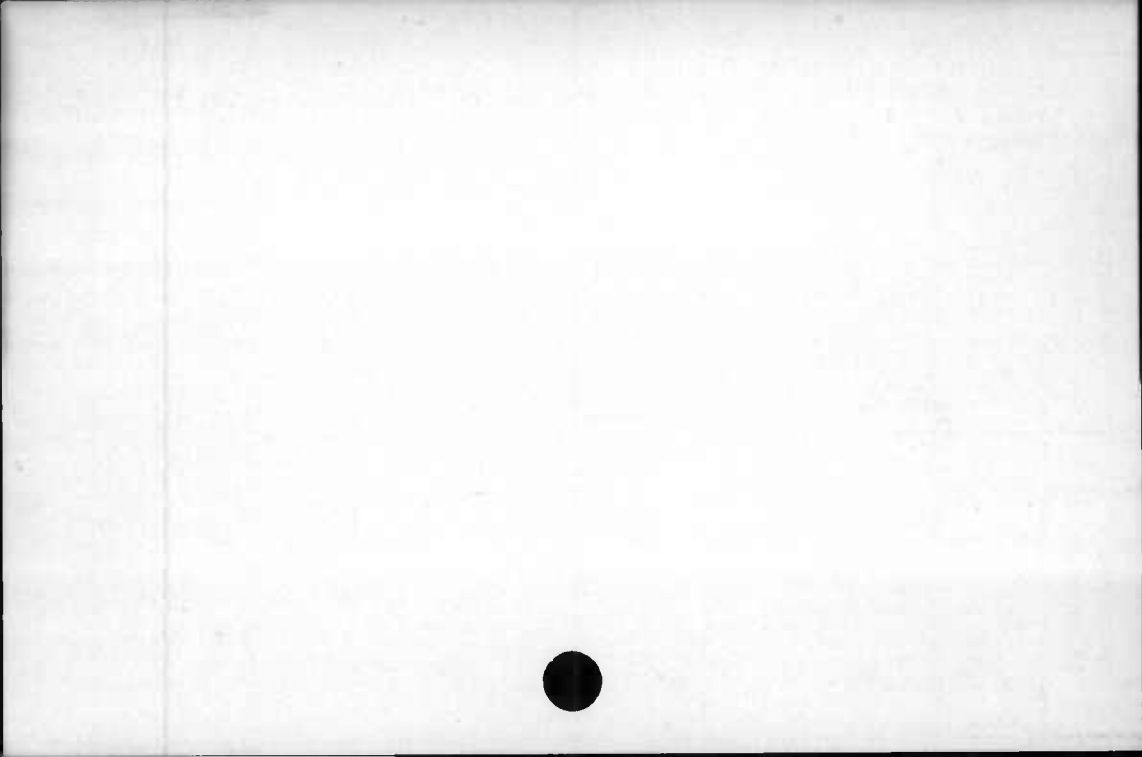
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Martinsburg</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>11</i>	Age <i>57</i> <sup>Years</sup>	Months <i>57</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>negro</i>		Birth-place <i>Elmer Md</i>		
Occupation	Where Residing if not at place of death <i>Martinsburg Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Gene Thomas</i>				
Father's Name <i>Rory Hallucan</i>	Father's Birthplace <i>Elmer Md</i>				
Mother's Maiden Name <i>Margary Hill</i>	Mother's Birthplace <i>Elmer Md</i>				
Name of person giving information	How related to deceased				

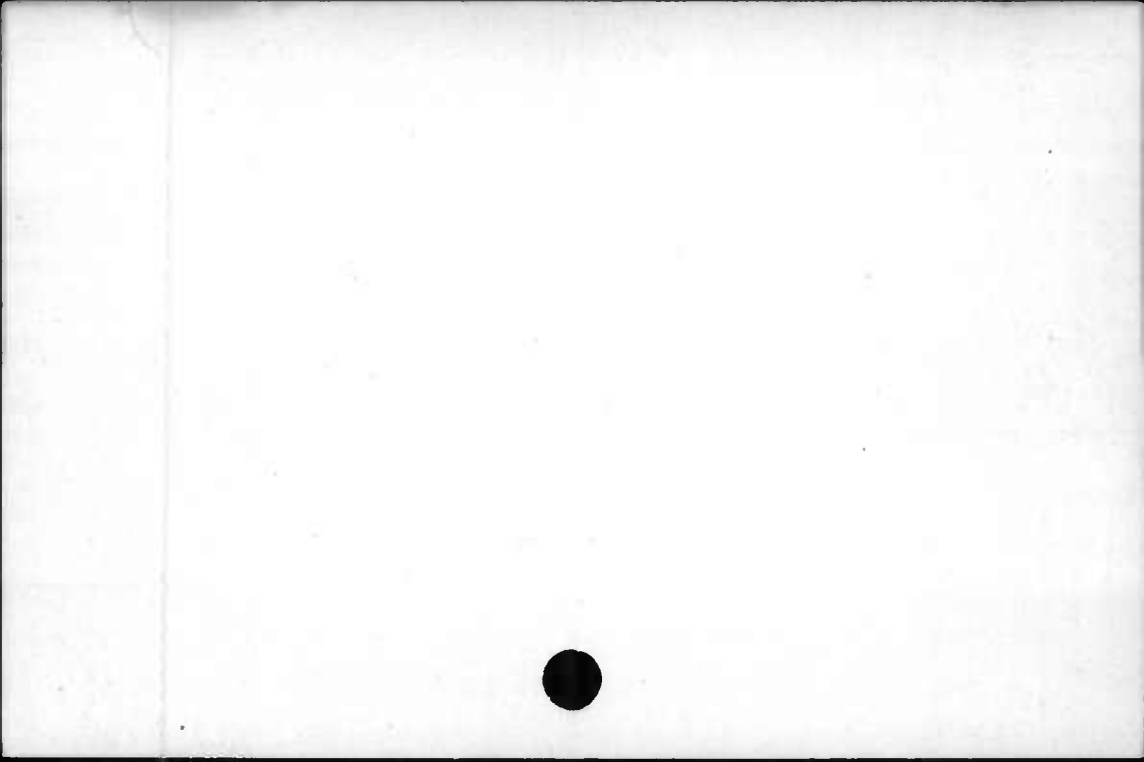
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>One week</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. B. Holt Sub. reg</i>	Address <i>Boileville Md</i>
Accident or Suicide?		



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Rockville</i>		Town <i>Montgomery</i>		
		Date of death <i>1906</i>		Month <i>3</i>	Day <i>27</i>	Age <i>74</i>
		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>
		Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jackson</i>		
		Father's Name <i>Don't know</i>		Father's Birthplace		
		Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace		
		Name of person giving information <i>Ruben Pumphrey</i>		How related to deceased <i>Not at all</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Tubercular disease</i>		How long <i>Don't know</i>		
		Immediate <i>—</i>		How long <i>Dropped dead</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>		
				Address <i>Rockville, Md.</i>		
		Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Beallsville* <sup>Town</sup> *Montgomery* <sup>County</sup> **MARYLAND**

Date of death *1906* <sup>Month</sup> *March* <sup>Day</sup> *26* Age *Still-born* <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex *Female* Color or Race *negro* Birth-place *Md*

Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Della Harper* *S.* Mother's Birthplace *Md*

Name of person giving information *M. J. Ryler* How related to deceased *widow*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still born* *S.* How long \_\_\_\_\_

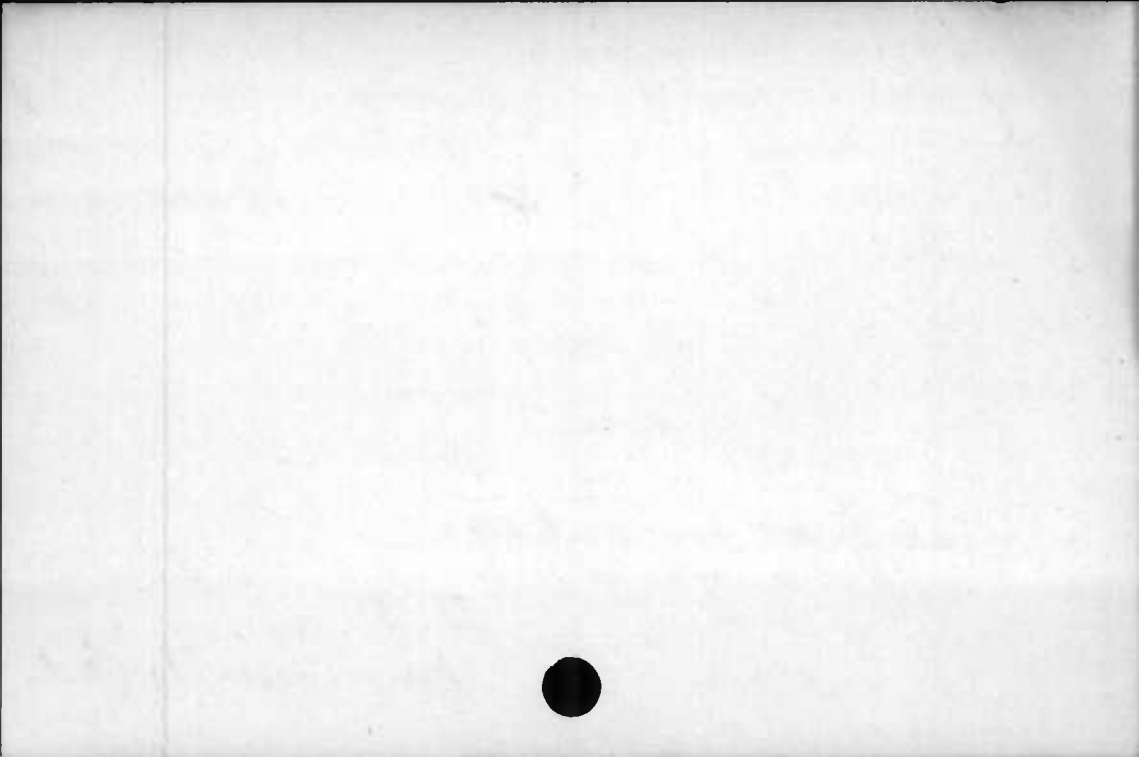
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *M. J. Ryler - Sub reg*

Address *Rockville* *Md*

Accident or Suicide? \_\_\_\_\_





Name  
in  
Full

Susan Higgins

CERTIFICATE OF

MARYLAND

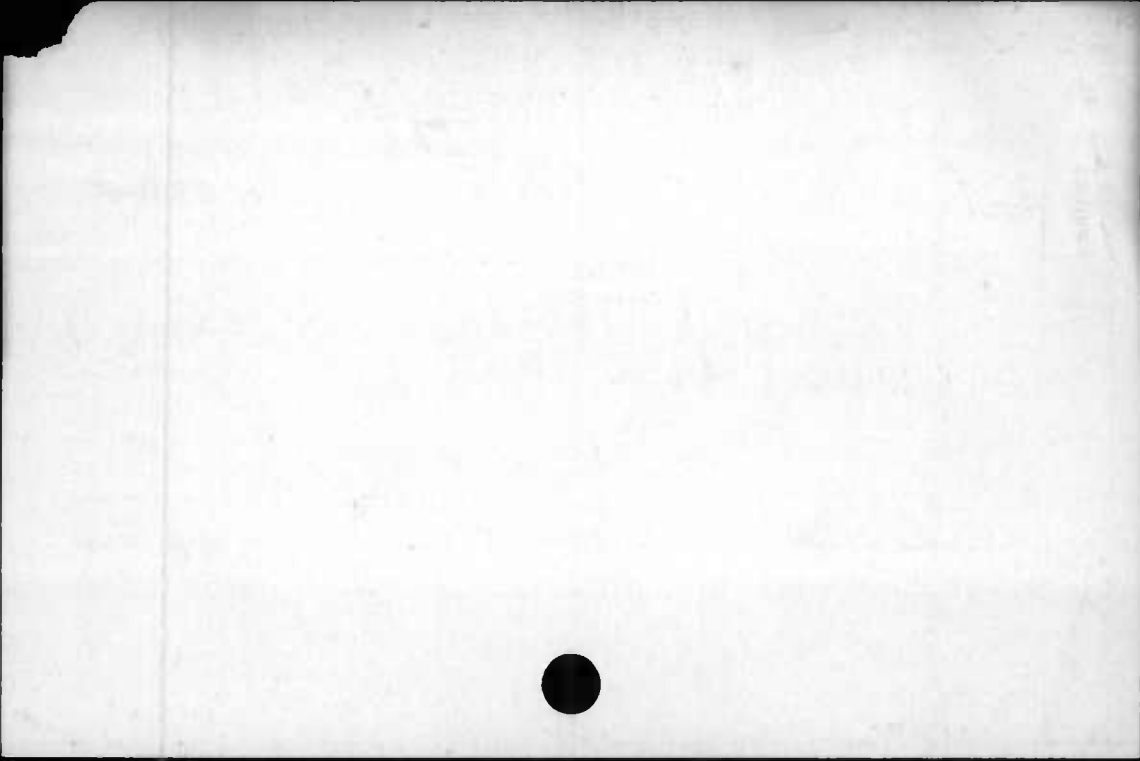
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Danmouville</u> Town <u>Monty</u> County		Months		Days	
Date of death	1906	Month	March	Day	13
Age	47	Years			
Sex	Female	Color or Race	Negro	Birth-place	Sugar Land.
Occupation	Housekeeper	Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married	Name of Wife or Husband				
<input type="checkbox"/> Single					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Physician		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral hemorrhage	How long	
Immediate	Paralysis	How long	6 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		U. D. House	
Address		Danmouville Md.	
Accident or Suicide?			



Name  
In  
Full

Ellen Holland

## CERTIFICATE OF DEATH

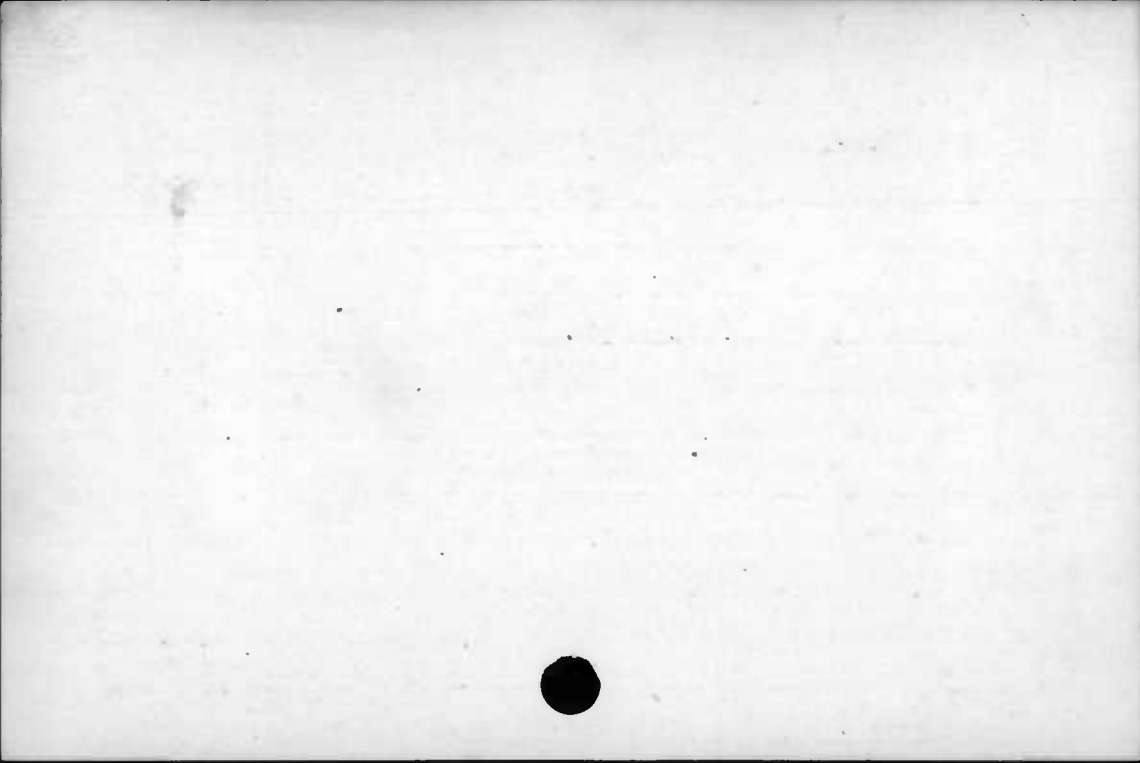
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Laytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		1906	Month <i>Mar</i>	Day <i>9</i>	Age	Years <i>72</i>	Months Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Montgomery Co</i>			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rizaw Holland</i>					
Father's Name <i>Samuel Powell</i>		Father's Birthplace <i>Howard Co</i>					
Mother's Maiden Name —		Mother's Birthplace —					
Name of person giving In formation <i>Smith E. Shepley</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>1 year or more</i>
Immediate	<i>General Exhaustion</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Dyeon</i>	
<i>yes</i>		Address	
Accident or Suicide?			



Name  
is  
Full

Lavinia Hood

## CERTIFICATE OF DEATH

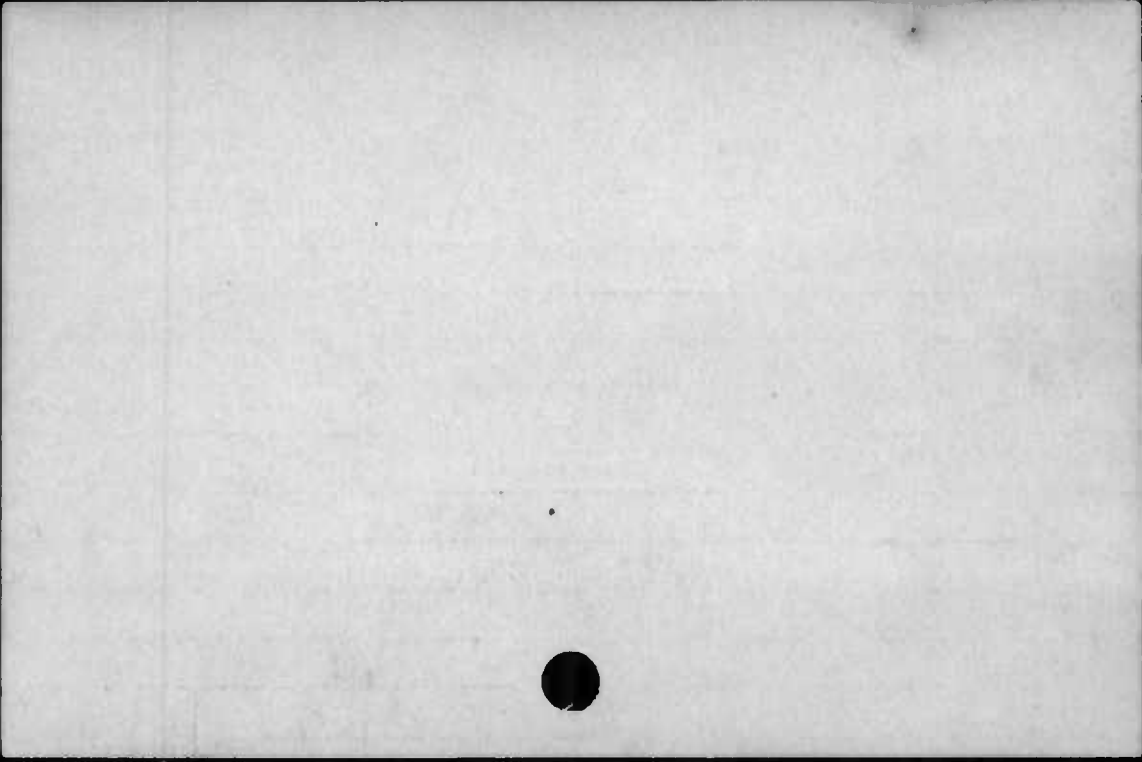
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grinklow</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>16</i>	Age <i>72</i>	Months <i>1</i>	Days <i>16</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Brookgrove L</i>	
Occupation <i>Cook</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of <del>Wife or</del> Husband		
Father's Name <i>Richard Thomas</i>			Father's Birthplace <i>Sandy Spring</i>		
Mother's Maiden Name <i>Mary Ann Thomas</i>			Mother's Birthplace <i>Spencerville</i>		
Name of person giving information <i>Minnie Pugh</i>			How related to deceased <i>Grand-daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>Indefinite</i>
Immediate <i>Softening of Brain</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Aug. Stabler</i>
	Address <i>Brighton, Md.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Anna C. Huck</i>		Town <i>Takoma Park</i>		County <i>Montgomery</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>7</i>		Years <i>20</i>	
Date of death <i>1906</i>		Months <i>2</i>		Days <i>1</i>			
Sex <i>Female</i>		Color of Race <i>white</i>		Birth- place <i>Pa</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Joseph C. Huck</i>				Father's Birthplace			
Mother's Maiden Name <i>Barbara Sammons</i>				Mother's Birthplace			
Name of person giving Information <i>✓</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Myelitis</i>		How long <i>15 weeks</i>
Immediate <i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W.D. Hughes</i>
Address <i>Washington D.C.</i>		
Accident or Suicide? <i>Copy.</i>		





Name  
in  
Full

Robert Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Podisville</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	March	Day	18
Age	2	Years		Months	
Sex	Male	Color or Race	negro	Birth-place	Martinsburg Md
Occupation	<u>                    </u>				
Married, Single or <del>Widowed</del>			Name of Wife or Husband <u>                    </u>		
Father's Name <u>                    </u>			Father's Birthplace <u>                    </u>		
Mother's Maiden Name <u>Nellie Jenkins</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Paul Harper</u>			How related to deceased <u>uncle</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Deep Cold</u>	How long	<u>90</u> <u>months</u>
Immediate	<u>                    </u>	How long	<u>                    </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. H. Tate</u>	
<u>yes</u>		Address <u>Podisville Md</u>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kensington</i> <sup>Town</sup>		<i>Montgy</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i> <sup>Month</sup> <i>Mar</i> <sup>Day</sup> <i>1</i>	Age	<i>73</i> <sup>Years</sup>	Months	<i>7</i> <sup>Days</sup> <i>28</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Md</i>
Occupation	<i>Retired</i>		Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Alice Mills</i>		
Father's Name	<i>Johnston</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>not known</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Alice Turner</i>		How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Suicidity</i>	How long	<i>154</i>
Immediate	<i>Heart failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. L. Turner</i>
		Address	<i>Kensington</i>
Accident or Suicide?			

2



Name  
in  
Full

Evelin Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Beallsville<sup>County</sup> MontgomeryDate of death 190 <sup>Month</sup> March<sup>Day</sup> 1 <sup>Years</sup> Age 40<sup>Months</sup> <sup>Days</sup>

Sex Female

Color or Race white

Birth-place Montgomery Co

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Geo Jones

Father's Name Nathan Abner

Father's Birthplace Montgomery Co

Mother's Maiden Name Evelin White

Mother's Birthplace

Name of person giving information Geo Jones

How related to deceased Husband

## CAUSES OF DEATH

Primary Typhoid Fever

How long Fifteen days

Immediate Hemorrhage of bowel

How long Two days

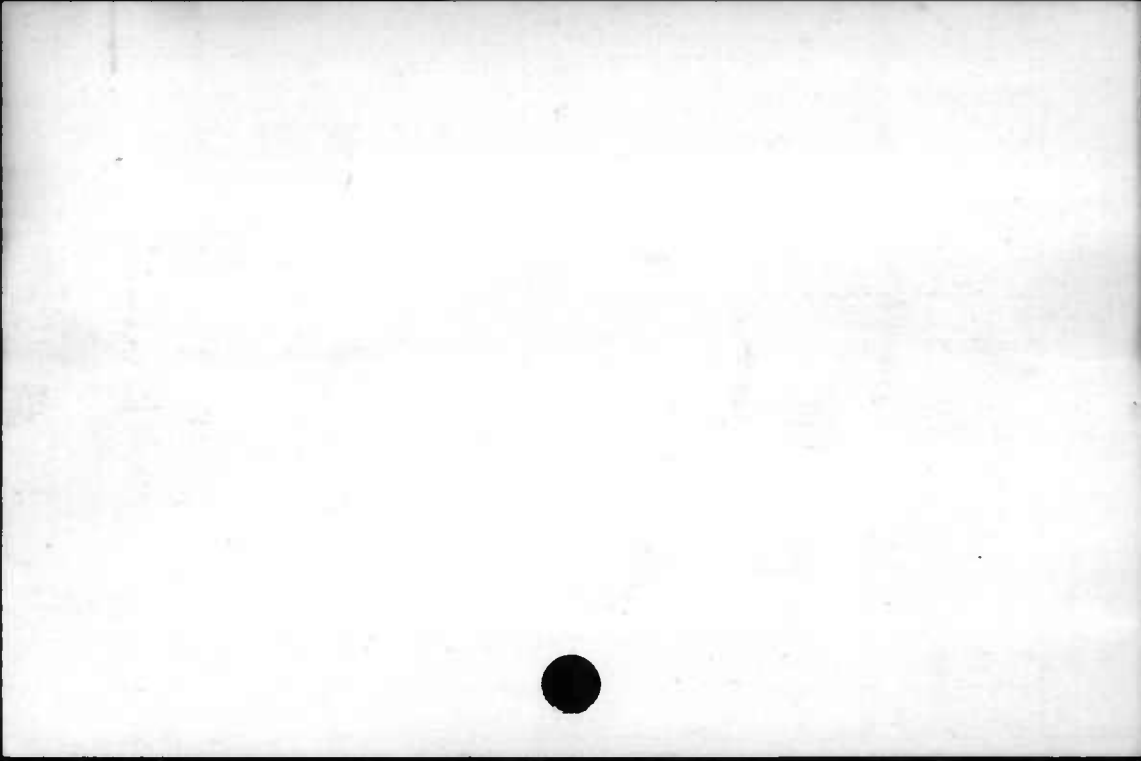
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Houshopper  
Barnesville

Accident or Suicide?



Name in Full <b>Erleina Wailer Jones</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Dickinson's</b> Town		County <b>Montgomery</b>
	Date of death <b>1906 March</b> Month		Day <b>1</b> Age <b>40</b> Years
	Sex <b>Female</b>		Color or Race <b>White</b>
	Occupation		Birth-place <b>Dawsonville</b> <sup>Ind</sup>
	Where Residing if not at place of death <b>Dickinson's</b>		
	Married, Single or Widowed <b>Single</b>		Name of <del>Wife</del> or Husband <b>George D Jones</b>
	Father's Name <b>Nathan Allcutt</b>		Father's Birthplace <b>Dawsonville</b>
Mother's Maiden Name <b>Margaret White</b>		Mother's Birthplace <b>Beck-Codge</b>	
Name of person giving information <b>Robt Lee</b>		How related to deceased <b>no</b>	
<b>CAUSES OF DEATH</b>			
PHYSICIAN OR CORONER	Primary <b>Typhoid Fever</b>		How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. H. Stonestreet</b>
			Address <b>Barnesville</b> <b>Ind</b>
Accident or Suicide? <b>no</b>			





Name  
in  
Full

Mary Maud Jones

CERTIFICATE OF DEATH

Died at Forest Glen <sup>Town</sup> <sup>County</sup> Montgomery

MARYLAND

Date of death 1906 <sup>Month</sup> Mar <sup>Day</sup> 5 <sup>Age</sup> 57 <sup>Years</sup> <sup>Months</sup> 11 <sup>Days</sup> 22

Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> Pa

Occupation Housewife <sup>Where Residing if not at place of death</sup> Same

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> O. Parker Jones

Father's Name Isaac Dunlin Parkman <sup>Father's Birthplace</sup> England

Mother's Maiden Name Mary Ann Rouch <sup>Mother's Birthplace</sup> N. S.

Name of person giving information Lottie Jones <sup>How related to deceased</sup> Daughter

CAUSES OF DEATH

Primary Cerebral Hemorrhage <sup>How long</sup> 2 weeks

Immediate Paralysis <sup>How long</sup> 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. L. Davis M.D.

Address Kmsington Md

Accident or Suicide? no

TO BE ANSWERED BY  
NEAREST FRIEND

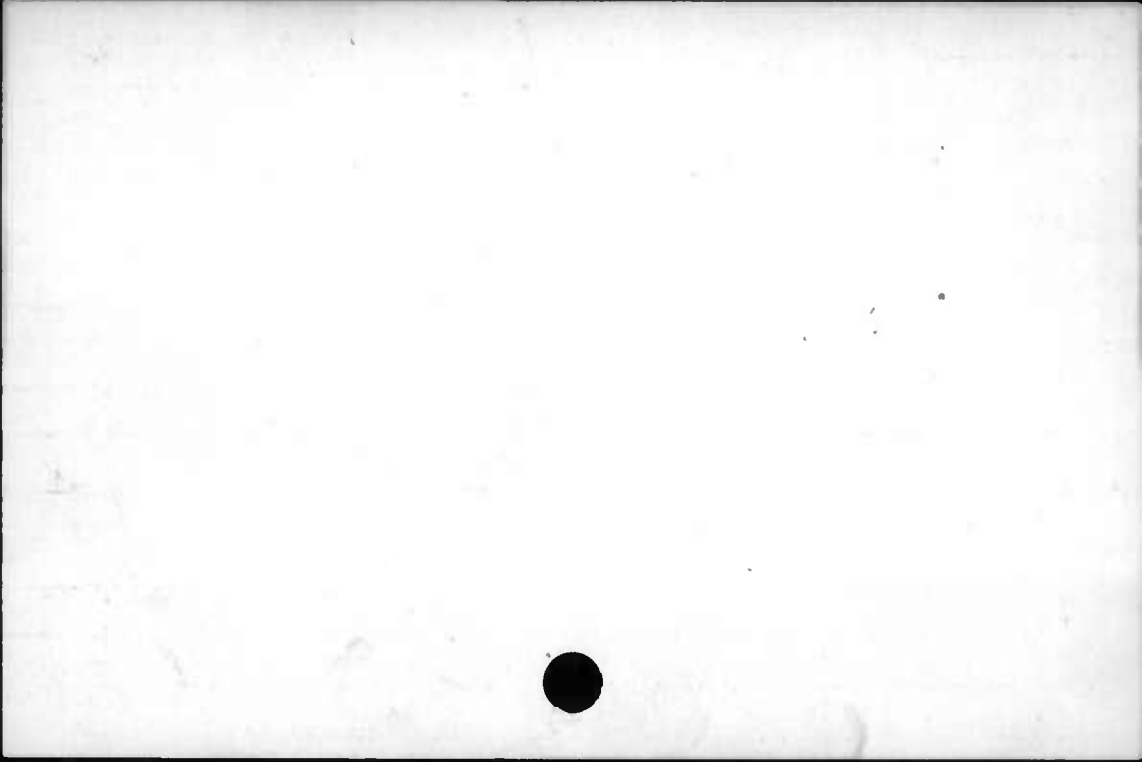
PHYSICIAN  
OR CORONER



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Rockville</i>		Town <i>Montgomery</i>		County <i>MARYLAND</i>	
	Date of death <i>1906</i>	Month <i>3</i>	Day <i>26</i>	Age <i>83</i>	Years <i>7</i> Months <i>—</i> Days <i>—</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Edan Jones</i>	Father's Birthplace <i>Maryland</i>				
	Mother's Maiden Name <i>Neal</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John Bickett</i>		How related to deceased <i>No at all</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Influenza</i>	(10)		How long <i>One month</i>		
	Immediate <i>Exhaustion</i>			How long <i>Two days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>			
			Address <i>Rockville, Md.</i>			
	Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Barnesville</i>		<i>Montgomery</i>		<i>MARYLAND</i>	
	Date of death <i>1906</i>	Month <i>March</i>	Day <i>28</i>	Age <i>—</i>	Months <i>—</i> Days <i>three</i>	
	Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Barnesville</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
	Father's Name <i>Geo. Lorman</i>		Father's Birthplace <i>Montgomery, Md.</i>			
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Bessie Monrad</i>		Mother's Birthplace <i>" "</i>			
	Name of person giving information <i>Geo. Lorman</i>		How related to deceased <i>Father</i>			
	CAUSES OF DEATH					
	Primary	<i>Brain trouble</i>			How long	<i>Congenital</i>
Immediate	<i>convulsions</i>			How long	<i>" "</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Sturges</i>		Address <i>Barnesville, Maryland</i>		
<i>Barnesville</i>						
Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Glen</i> <sup>Town</sup>		<i>Monroe</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>14</i>	Age <i>Still</i> <sup>Years</sup>	Months <i>Born</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Forest Glen</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. Kell Monroe</i>			Father's Birthplace <i>Ga</i>		
Mother's Maiden Name <i>Hannah Hecht</i>			Mother's Birthplace <i>Mo.</i>		
Name of person giving information <i>J. Kell Monroe</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Surge Heart</i>	How long <i>—</i>
Immediate <i>Forceps delivery</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. L. Davis</i>
	Address <i>Kennecott.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph T. Moore Jr</i>		Town <i>Sandy Spring</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Sandy Spring</i>		Date of death 1906		Month <i>5</i>		Day <i>31</i>	
Age <i>43</i>		Years <i>11</i>		Months <i>11</i>		Days	
Sex <i>Male</i>		Color or Race <i>white american</i>		Birth place <i>Fleeting Long Island</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Sandy Spring</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Estelle Tyson Moore</i>					
Father's Name <i>Joseph T. Moore</i>		Father's Birthplace <i>Baltimore Md</i>					
Mother's Maiden Name <i>Anna Leggett</i>		Mother's Birthplace <i>New York</i>					
Name of person giving information <i>Joseph T. Moore</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Loa Grifff</i>	How long <i>4 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roger Brooke</i>
	Address <i>Sandy Spring</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Martinsburg</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906 March</i> <sup>Month</sup>		<i>11</i> <sup>Day</sup>	Age <i>Still born</i> <sup>Years</sup>	<i>00</i> <sup>Months</sup>	<i>00</i> <sup>Days</sup>
Sex <i>Female</i>		Color or Race <i>negro</i>		Birth-place <i>Martinsburg</i>	
Occupation		Where Residing if not at place of death <i>Martinsburg</i>			
Married, Single <input checked="" type="radio"/> Widowed		Name of Wife or Husband			
Father's Name <i>Joseph Nailor</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Lucy Pierce</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Joseph Nailor</i>		How related to deceased <i>Ind</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>H. H. [unclear] sub-reg</i>
		Address <i>Rocksville</i>
Accident or Suicide?	<input checked="" type="checkbox"/>	<i>Ind</i>



Name  
in  
Full

Paul Neuhaus

3/15/1906

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gaithersburg</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death 1906	Month <u>3</u>	Day <u>6</u>	Age <u>43</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Washington D C</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John Neuhaus</u>	Father's Birthplace <u>New York</u>				
Mother's Maiden Name <u>Hannie Young</u>	Mother's Birthplace <u>New York</u>				
Name of person giving information <u>Alex Wilson</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Accident</u>	How long <u>100</u>
Immediate <u>Fell off train at night</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. C. Edgewise</u>
	Address <u>Gaithersburg Md</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

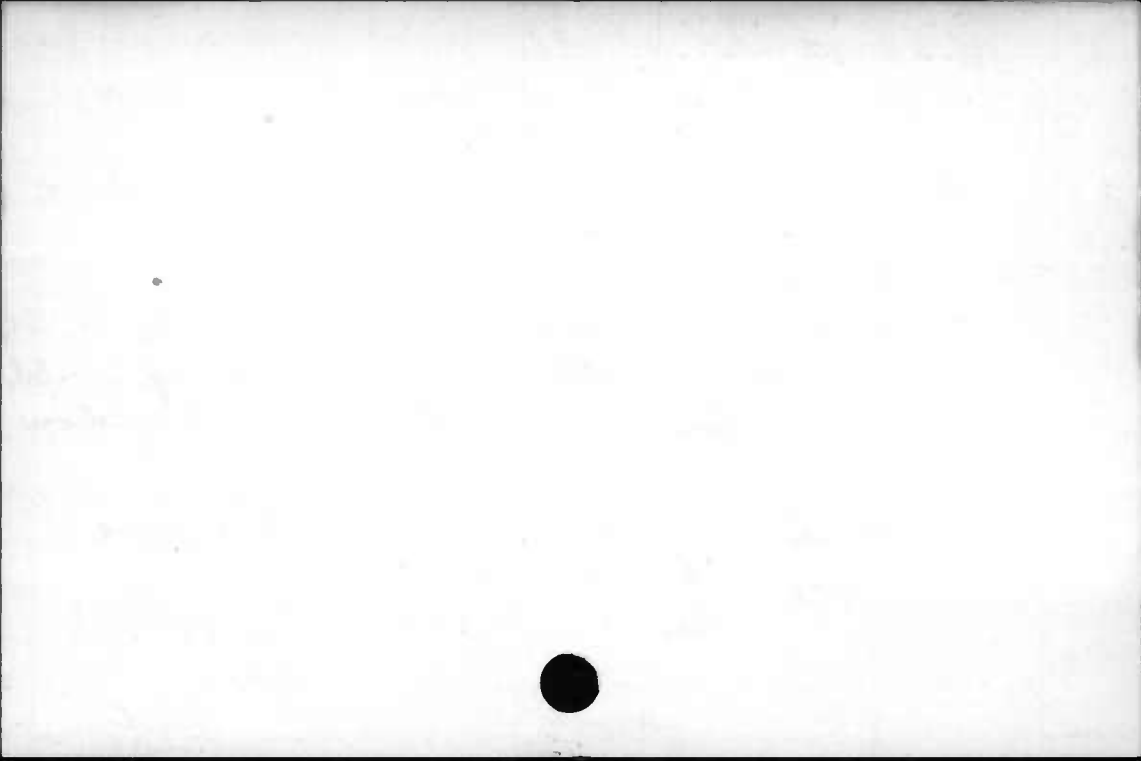
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Herbert S. Ogle</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>3</i>	Day <i>2</i>	Age <i>21</i>	Years <i>21</i> Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>DC</i>	
Occupation <i>✓</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband			
Father's Name <i>Not Known</i>		Father's Birthplace			
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>(21)</i>			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. R. O. Donoghue</i>
<i>True Copy</i>	Address <i>Wash DC</i>
Accident or Suicide? <i>W. L. Davis H. O.</i>	





Name  
in  
Full

Margaret Scott

## CERTIFICATE OF DEATH

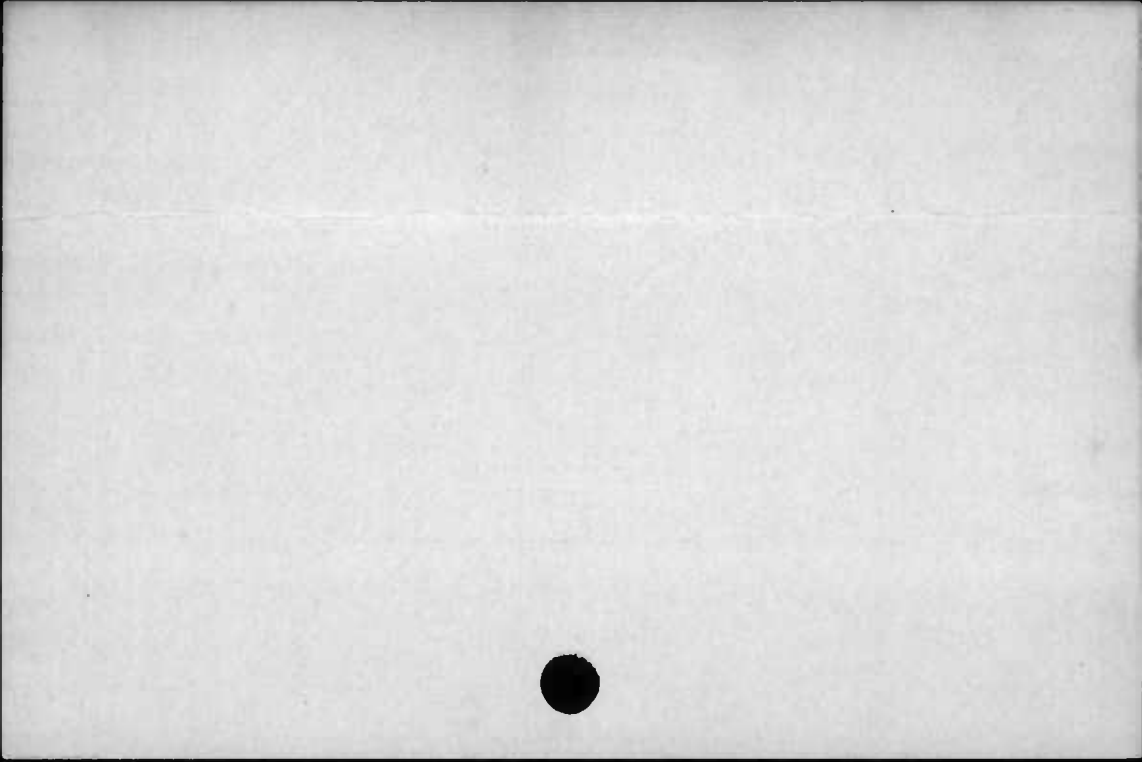
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Norbeck		County Montgomery		MARYLAND	
Date of death	1906	Month March	Day 19	Age	53	Years	Months —
Sex	Female		Color or Race	Colored		Birthplace	Montgomery
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Henson Scott			
Father's Name	William Johnson					Father's Birthplace	Montg. Co. Md.
Mother's Maiden Name	Charlotte Butler					Mother's Birthplace	Montg. Co. Md.
Name of person giving information	Milton Holland					How related to deceased	No relation

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright Disease	How long	about 8 years
Immediate	Dropsy and Uræmia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. Farquhar.
		Address	Olney, Md.
Accident or Suicide?			



Name In Full

Certificate of Death

Vivian Scott

Town

County

Died at

MARYLAND

1906      Month 3      Day 12      Y. 3      M.      D.      Native of Md.      Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's  
Name

Isaac Scott

Mother's  
Name

Aunie Scott

Cause of Death { Primary Pulmonary Tuberculosis  
Immediate Emaciation

How long sick 6 months

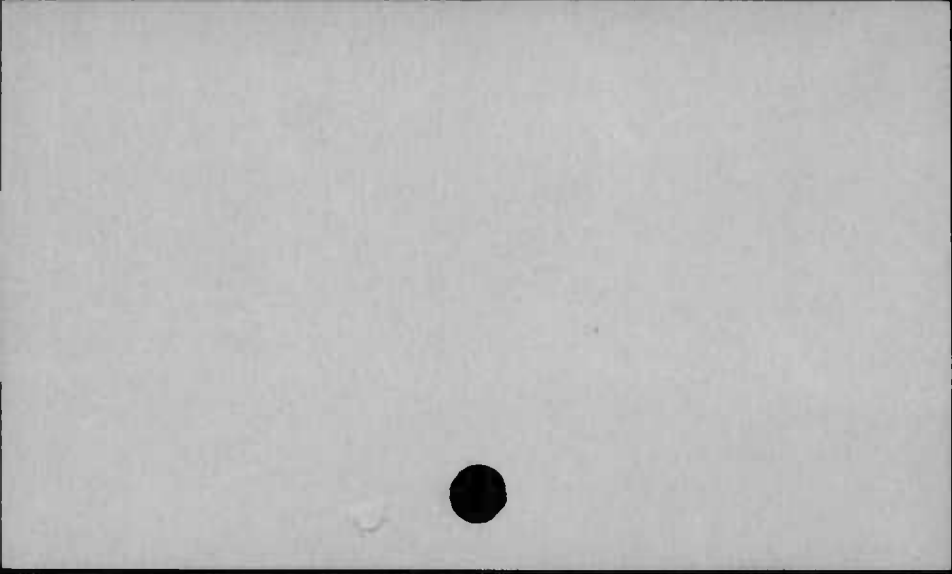
Accident, Suicide, Homicide

Reported by

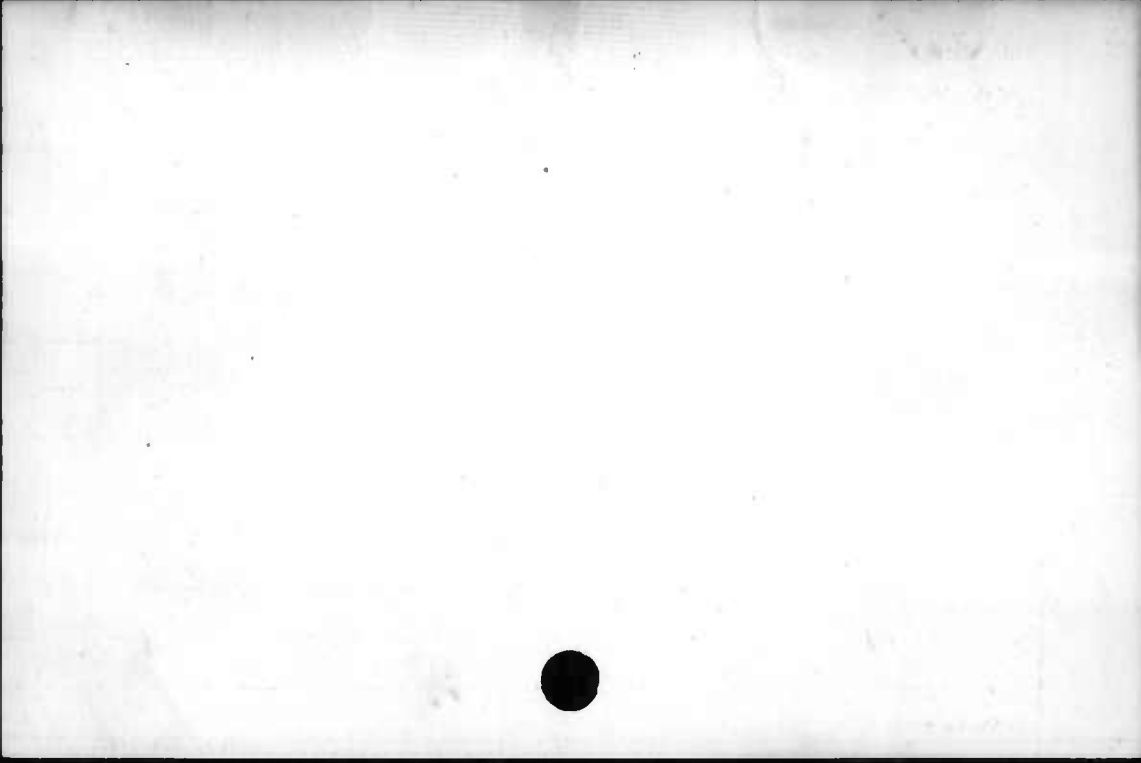
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55908



Name In Full		Certificate of Death			
Chorlott Snowden		Middle Brooke		Montg. County	
Died at		Middle Brooke		Maryland	
Date of death		1906	3	12	Age 39
Sex Female		Color or Race Colored		Birth-place Ind.	
Occupation		Servant		Where Residing if not at place of death Middle Brook	
Married, Single or Widowed		Single		Name of Wife or Husband —	
Father's Name		don't know		Father's Birthplace Do not know	
Mother's Maiden Name		" "		Mother's Birthplace Do not know	
Name of person giving information		Albert Warfield		How related to deceased Son	
CAUSES OF DEATH					
Primary		Tuberculosis (2)		How long 3 years	
Immediate		Exhaustion		How long 1 week	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician E. C. Ekchison	
				Address Fairhershburg Md	
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

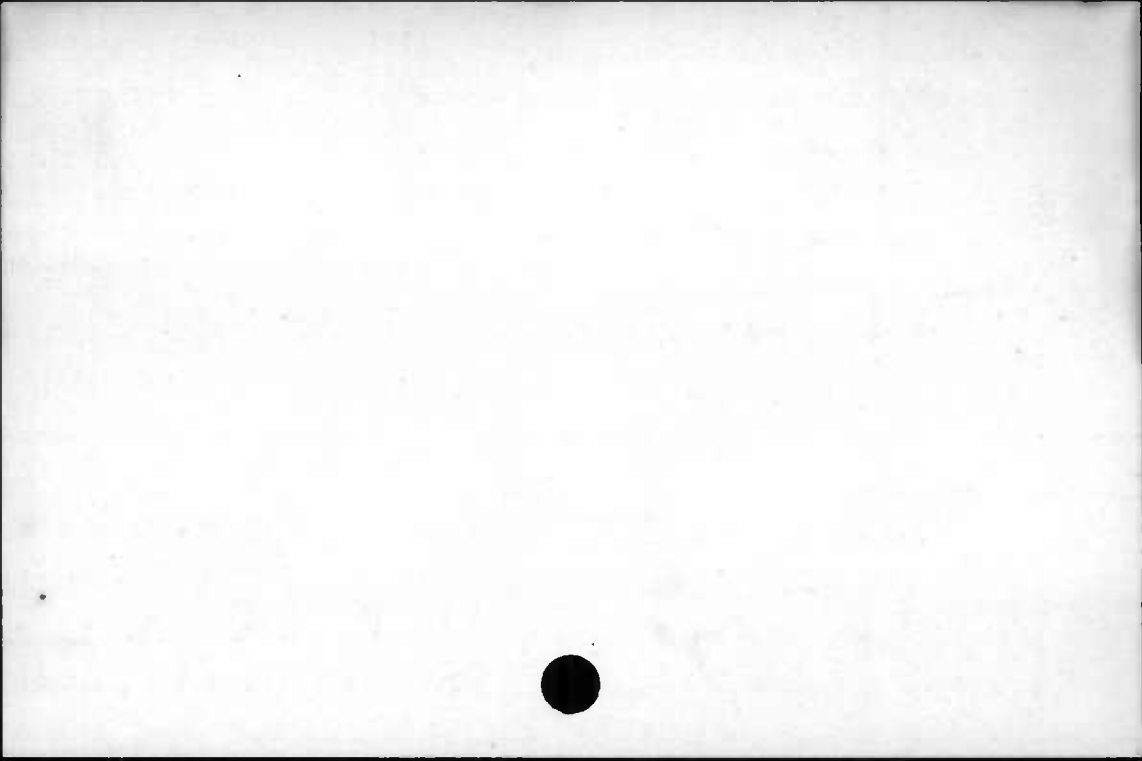
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Clara Dunder</i>		Town <i>Podlesville</i>		County <i>Montgomery</i>		MARYLAND					
Died at		Month <i>March</i>		Day <i>5</i>		Years <i>20</i>		Months		Days	
Date of death <i>1906</i>		Sex <i>Female</i>		Color or Race <i>Negro</i>		Birthplace <i>Ballville Md</i>					
Occupation				Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband									
Father's Name <i>George Dunder</i>		Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Bessie Dorsey</i>		Mother's Birthplace <i>Md</i>									
Name of person giving information <i>George W Dorsey</i>		How related to deceased <i>Uncle</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>		How long <i>27 years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. H. Holt sub reg</i>	
		Address <i>Podlesville Md</i>	
Accident or Suicide?			





Name  
in  
Full

May Storm

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sepeca Town Unity County MARYLAND

Date of death 1906 Month 3 Day 15 Age 23 Years Months Days

Sex Female Color or Race White Birth-place Frederick Co.

Occupation (Ingenieur) Assisted mother with house work Where Residing if not at place of death —

Married Single Name of Wife or Husband —

Father's Name John H. Storm Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Physician (27) How related to deceased —

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary tuberculosis How long 3 yrs.

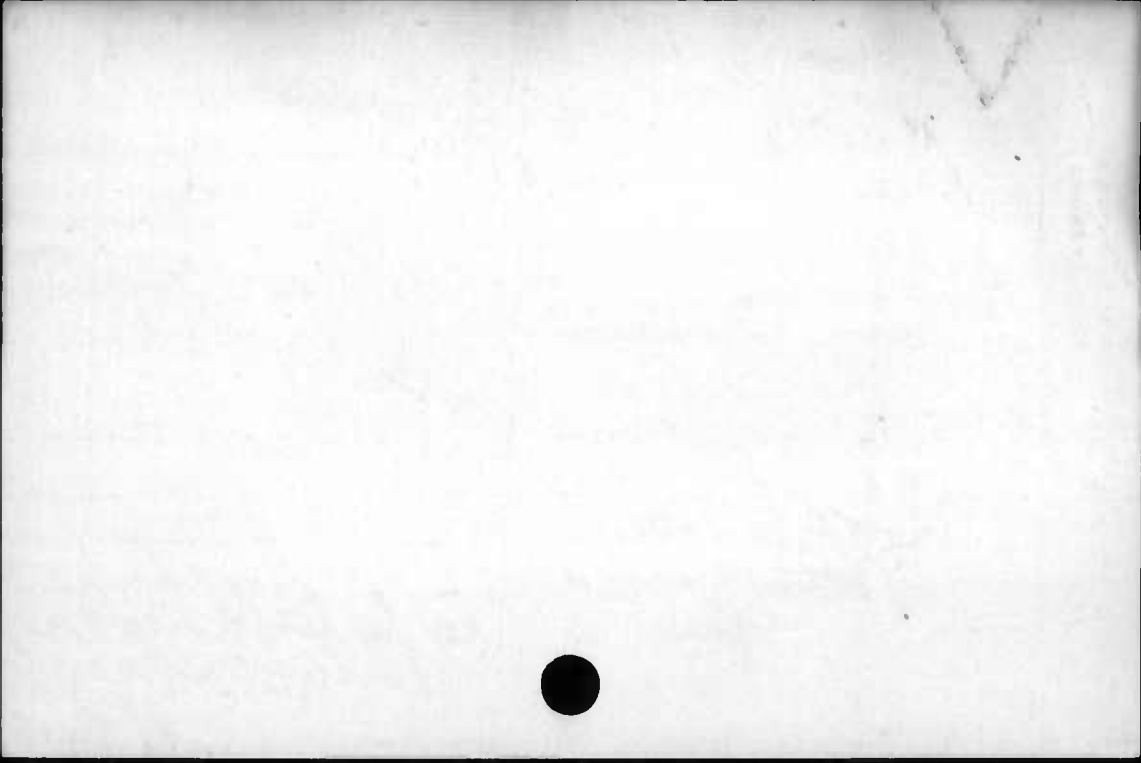
Immediate Athermia How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician U. D. House

Address Danversville, Va.

Accident or Suicide? —



Name  
in  
Full

The oratio Thompson

## CERTIFICATE OF DEATH

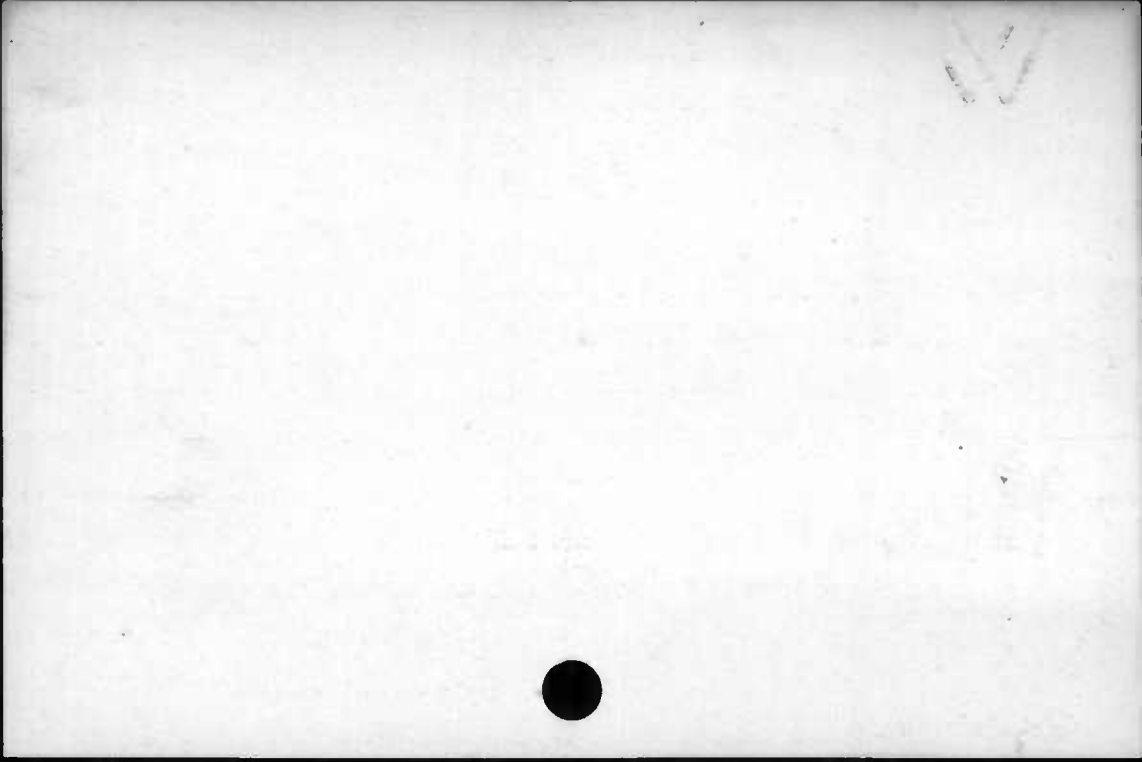
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Olney</i> Town		County <i>Montgomery</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>March</i>	Day <i>8</i>	Age <i>67</i> Years	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Montg. Co. Md.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Carpenter</i>				
Name of Wife or Husband <i>Eveline Thompson</i>					
Father's Name <i>Horace Thompson</i>				Father's Birthplace <i>Montg. Co. Md.</i>	
Mother's Maiden Name <i>Julia Ann Henry</i>				Mother's Birthplace	
Name of person giving information <i>Lucy Lincoln Leigear</i>				How related to deceased <i>Cousin</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Aproplexy</i>	<i>(64)</i>	How long <i>6 hours</i>
Immediate <i>Asthenia</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguhar</i>	<i>Olney, Md.</i>
	Address	
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

Mary Jane Thompson

11/12/1906

MARYLAND

Died at Gaithersburg Montg

Date of death 1906 3 8 Age 85 10 8

Sex Female Color or Race white Birth-place Ind

Occupation none Where Residing if not at place of death Gaithersburg

Married, Single or Widowed Single Name of Wife or Husband No Mrs. [unclear]

Father's Name Oden Thompson Father's Birthplace Ind

Mother's Maiden Name Eliza " Mother's Birthplace "

Name of person giving information Mrs. Kate Day How related to deceased None

CAUSES OF DEATH

Primary Tuberculosis How long 3 weeks

Immediate Exhaustion How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

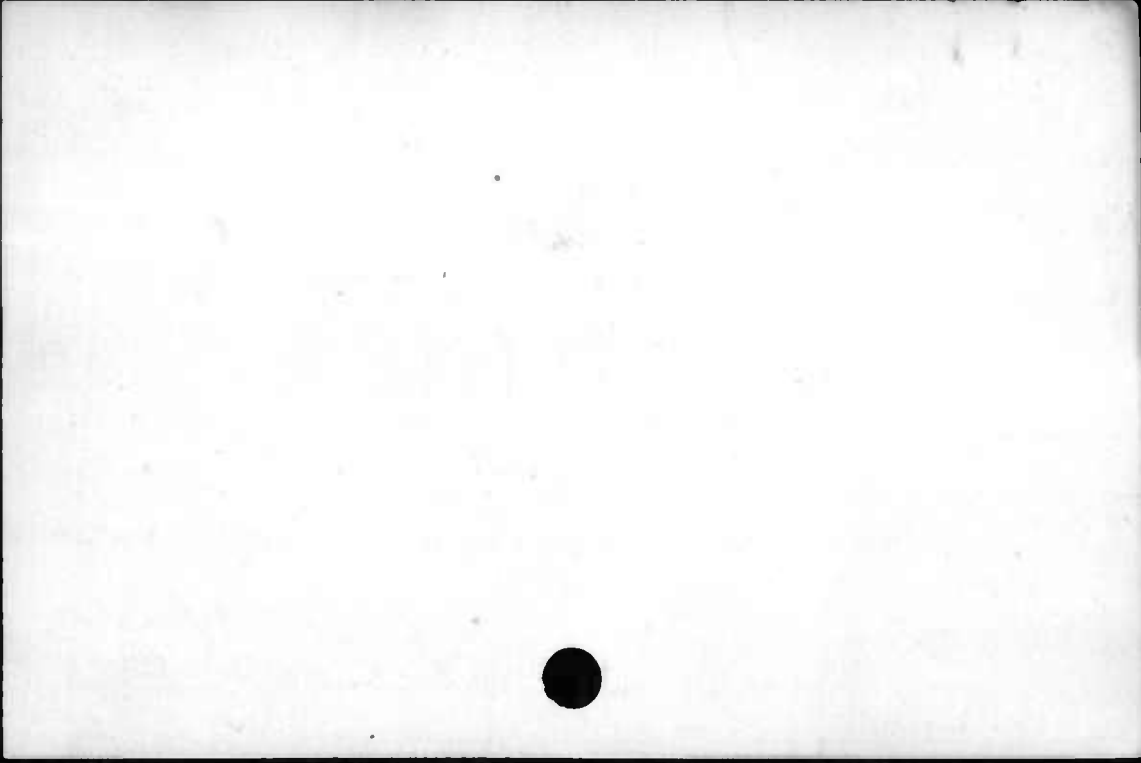
Signature of Physician E. C. [unclear]

Address Gaithersburg Ind

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spethsburg</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>8</i>	Age <i>85</i> <sup>Years</sup>	Months <i>10</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Oden Thompson</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Eliza</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Miss Kate Day</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

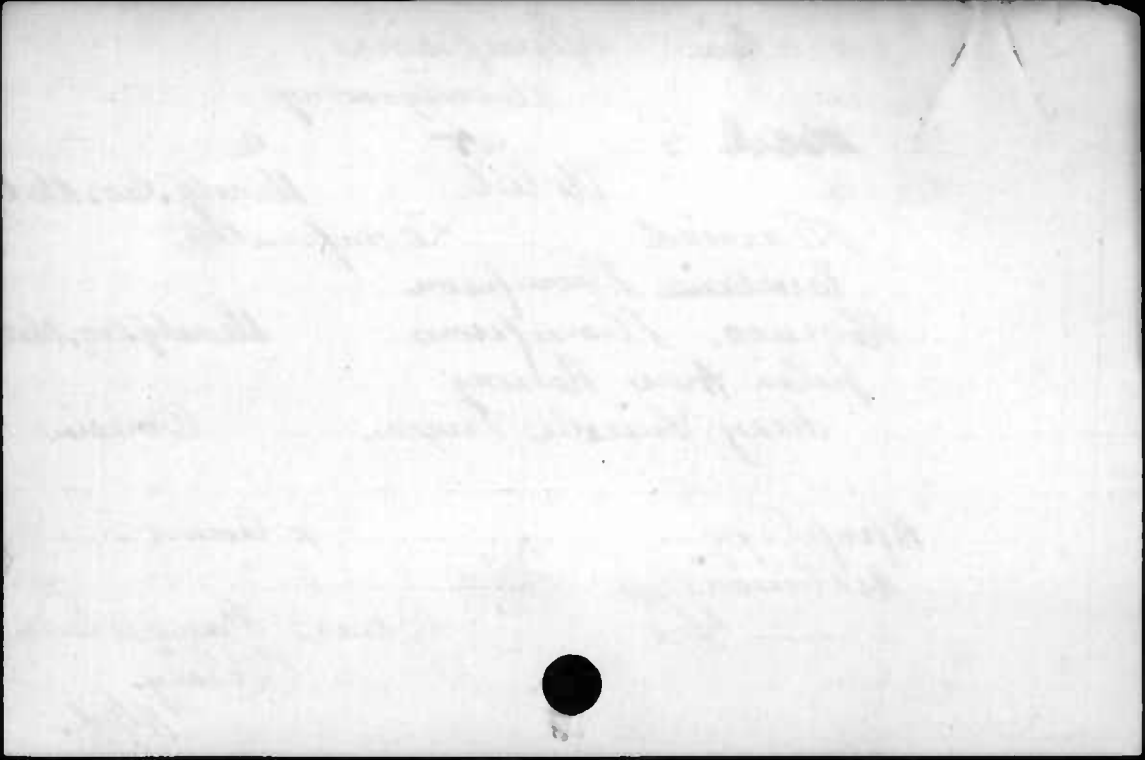
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Louise Tyler

Town

County

Died at Emory Grove

Montg. Co.

MARYLAND

Date of death 1906 3 17

Age

Years

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Md

Occupation

Where Residing If not  
at place of death

Emory Grove

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Don't know

Father's  
Birthplace

Don't know

Mother's  
Maiden Name

Blanch Tyler

Mother's  
Birthplace

Emory Grove

Name of person giving  
In formation

Basel Taylor

How related  
to deceased

Cousin

## CAUSES OF DEATH

Primary

Tuberculosis (27)  
Exhaustion

How long

Six months

Immediate

How long

Two months

Are the name, age, sex, color, date  
and place correctly given above?

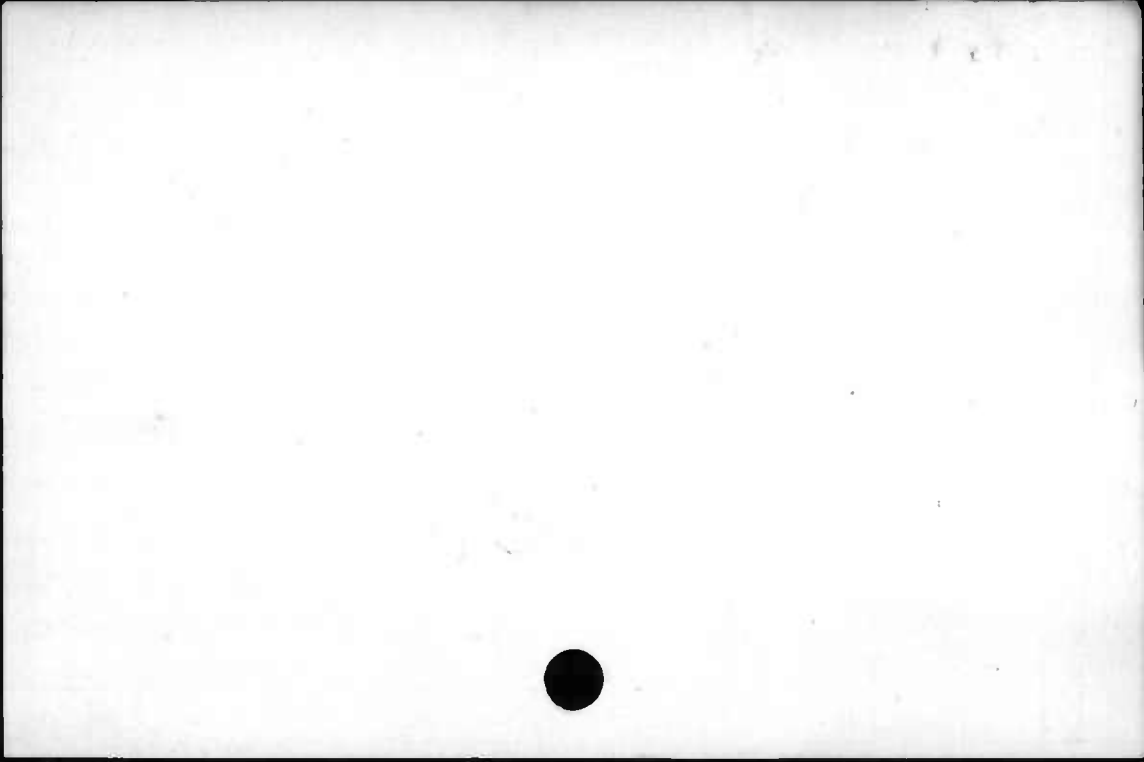
Yes

Signature of  
Physician

Address

E. L. O. Harrison  
Gaithersburg  
Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Louise Tyler</i>		Town <i>Emory Grove</i>		County <i>Montz Co</i>		MARYLAND	
Date of death	1906	Month	3	Day	27	Age	1
Sex <i>Female</i>		Color or Race <i>Coloured</i>		Birth-place <i>Ind</i>		Months <i>6</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Don't Know</i>				Father's Birthplace			
Mother's Maiden Name <i>Blanch Tyler</i>				Mother's Birthplace			
Name of person giving information <i>Basel Taylor</i>				How related to deceased <i>Cousin</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>(179)</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. B. Johnson</i>	
	Address <i>Fairviewburg Ind</i>	
Accident or Suicide?		

111




Name  
in  
Full

Mrs Elizabeth Caroline Wolla

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

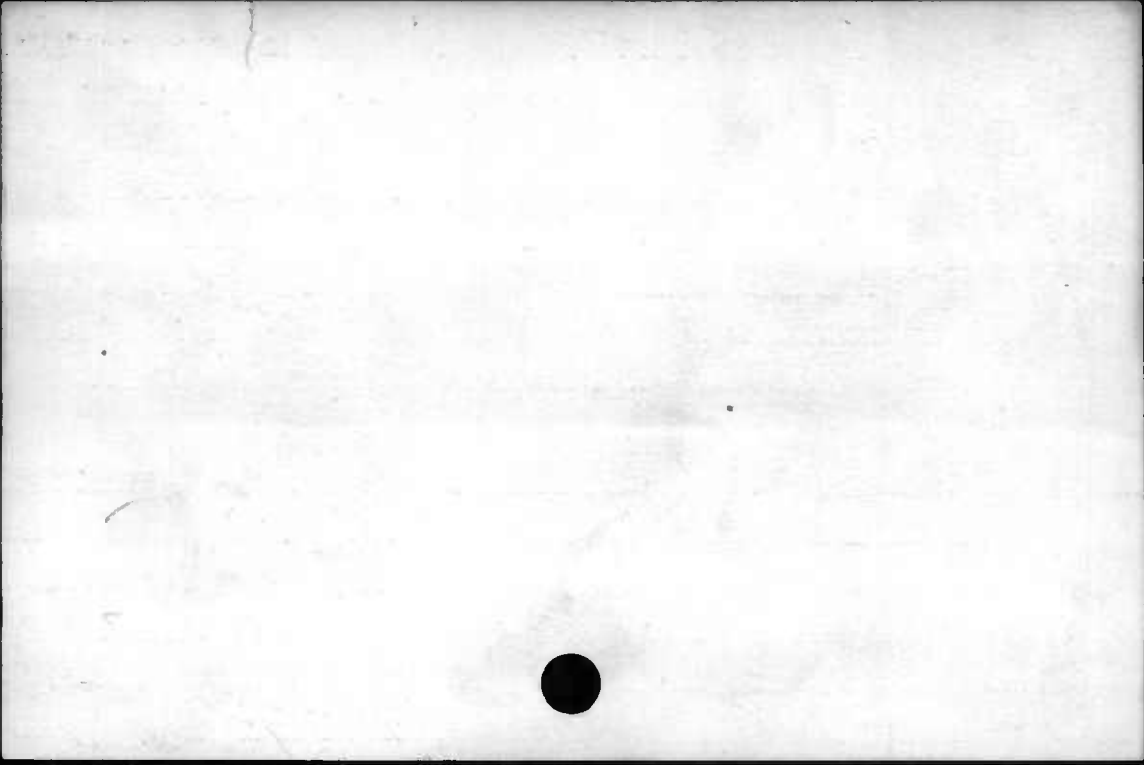
MARYLAND

Died at <sup>Town</sup> Cherry Chase		<sup>County</sup> Mont Co			
Date of death	1906	Month	March	Day	28
		Age	81	Years	
		Months	10	Days	
Sex	Female	Color or Race	White	Birth-place	Bethlehem Pa
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace Pa			
Mother's Maiden Name		Mother's Birthplace Va			
Name of person giving information				How related to deceased	

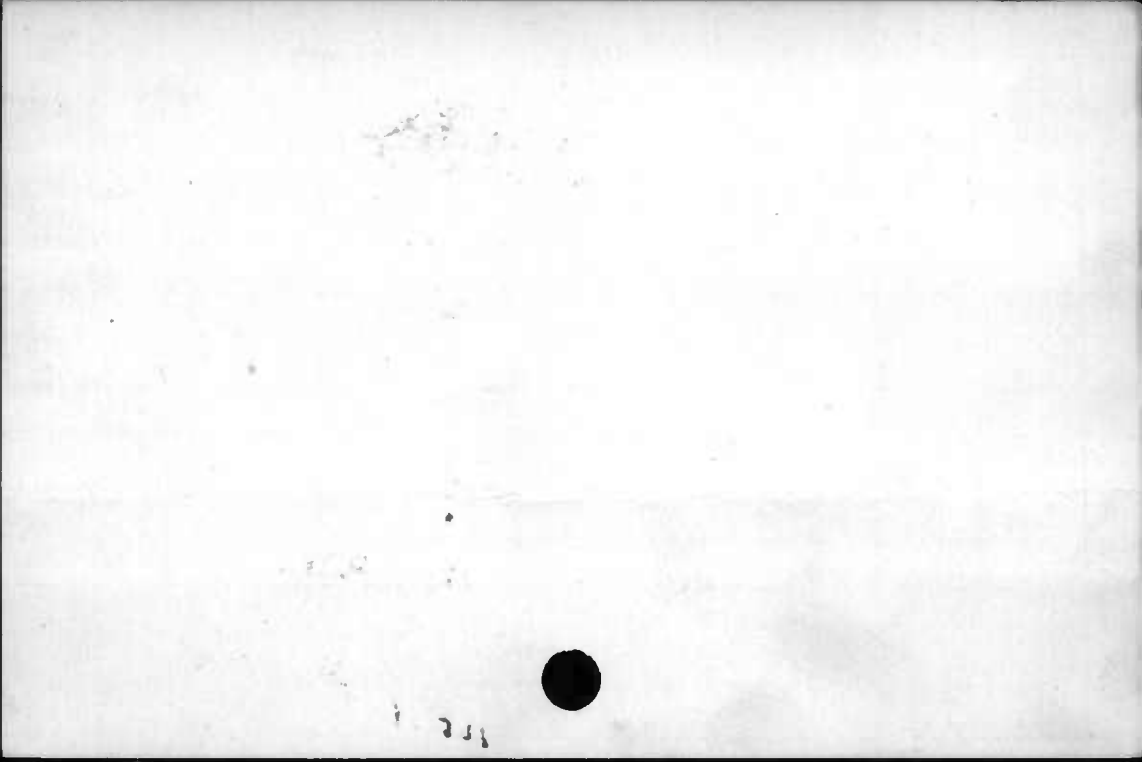
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tubercular Phthisis	How long	
Immediate	Asthma	How long	17 days
Are the name, age, sex, color, date and place correctly given above? I believe so		Signed by Dr. Norman Howard M.D.	
		Address 1936 Calverton Rd. W. W. West. D. C.	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Germanantown</u>		County <u>Monmouth</u>		MARYLAND
	Date of death <u>1906</u>	Month <u>March</u>	Day <u>12</u>	Age <u>50</u>	Months <u>6</u> Days <u>12</u>
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Goshen</u>	
	Occupation <u>Farmer</u>		Where Residing if not at place of death		
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jennie Warfield</u>			
	Father's Name <u>Edwin Warfield</u>	Father's Birthplace <u>Germanantown</u>			
	Mother's Maiden Name <u>Sarah Darby</u>	Mother's Birthplace <u>Poolsville</u>			
Name of person giving information <u>Jennie Warfield</u>		How related to deceased <u>Wife</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Gastric Catarrh</u>	<u>(104)</u>		How long <u>12 mos.</u>	
	Immediate <u>Duodenal Ulcer's</u>			How long <u>1 mos.</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. N. Simpfers</u>		
			Address <u>Germanantown Md.</u>		
	Accident or Suicide? <u>—</u>				





Name  
in  
Full

Nella Warren

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Martinsburg* Town*Montgomery* County

MARYLAND

Date of death *1906 March*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or Race *Negro*Birth-place *Ind*

Occupation

Where Residing if not  
at place of death*Ind*Married, Single  
or WidowedName of Wife or  
HusbandFather's Name *Nathan Warren*Father's Birthplace *Ind*Mother's Maiden Name *Mira Brooks*Mother's Birthplace *Ind*Name of person giving  
Information *Nathan Warren*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary *Deep Cold*

(90)

How long *One week*

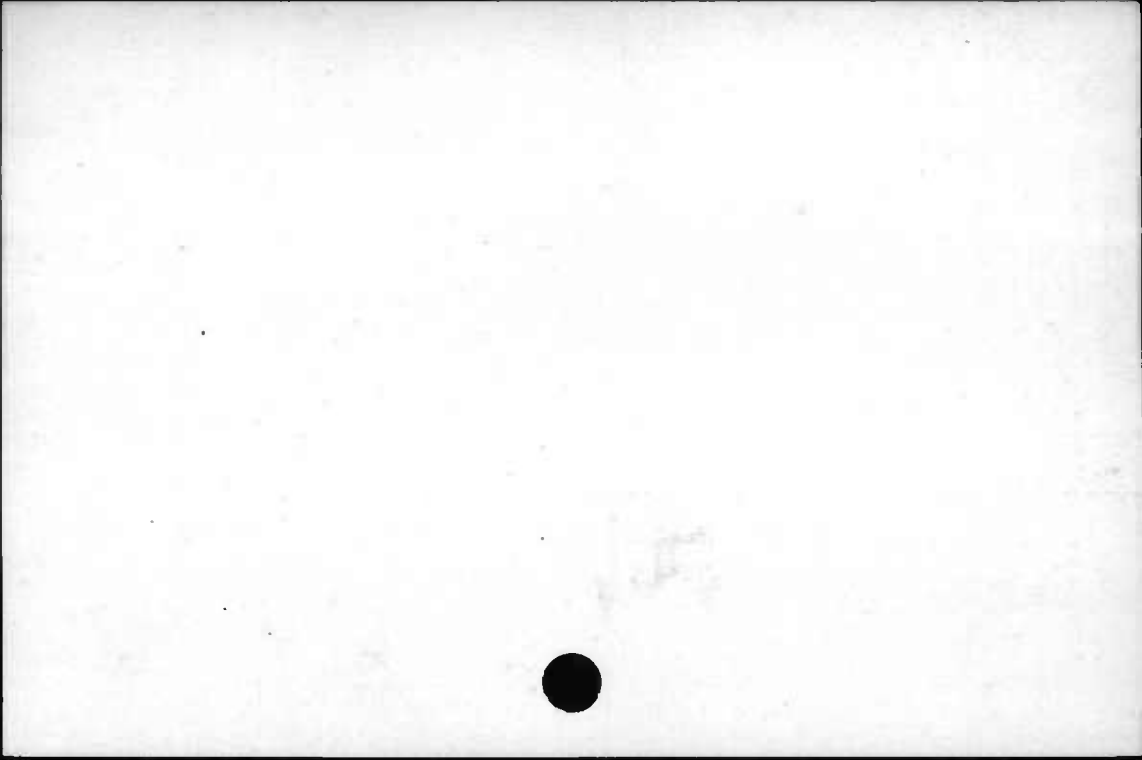
Immediate

Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician

Address

*R. L. Holt Sub reg  
Podusville  
Ind*

Accident or Suicide?



Name  
in  
Full

Fannie White

## CERTIFICATE OF DEATH

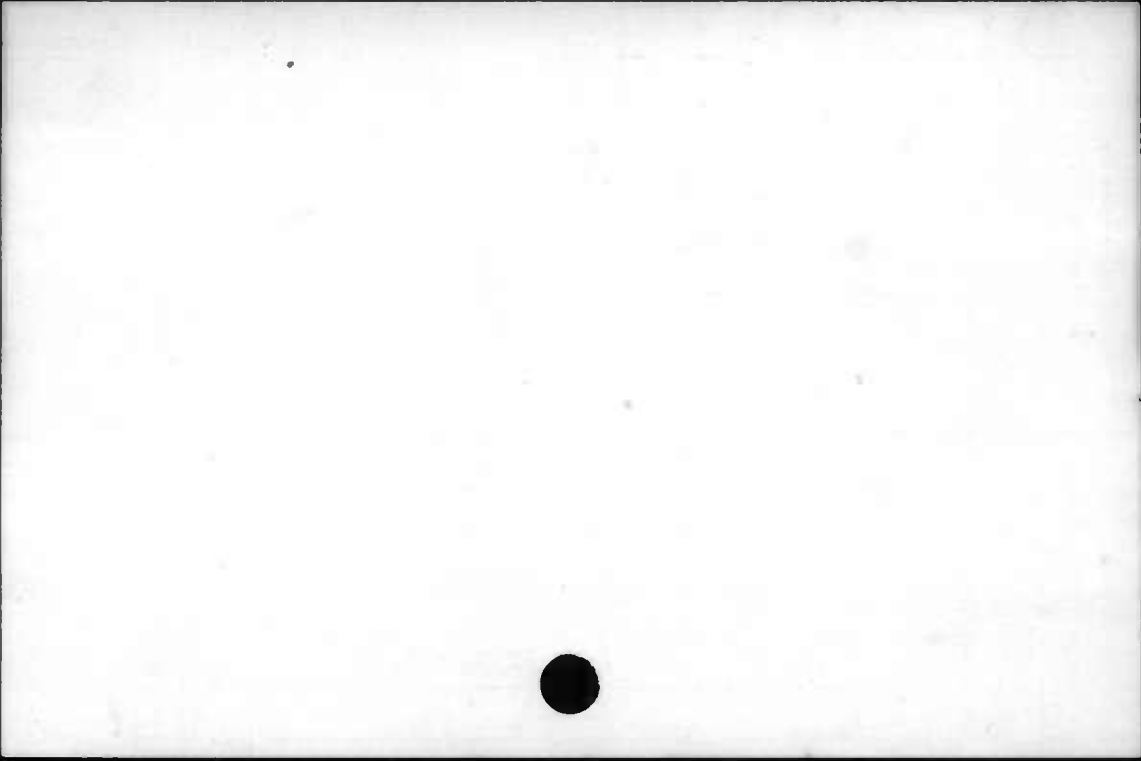
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lindber</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	Month <u>Mar</u>	Day <u>28</u>	Age <u>58</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>ga</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John White</u>				
Father's Name <u>Don't Know</u>	Father's Birthplace <u>ga</u>				
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>ga</u>				
Name of person giving information <u>Wm. J. Bradley</u>	How related to deceased <u>None</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Organic Dis of Heart</u>	How long <u>some time</u>
Immediate <u>Apoplectic</u>	How long <u>few min.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. L. Lewis M.D.</u>
	Address <u>Annapolis Md.</u>
Accident or Suicide? <u>✓</u>	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Podlesville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>March</i>	Day	<i>8</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Age	<i>8</i> Years
Occupation		Where Residing if not at place of death		Birthplace	<i>Podlesville</i>
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Harvey J White</i>		Father's Birthplace		<i>Podlesville</i>	
Mother's Maiden Name <i>Ida Dye</i>		Mother's Birthplace		<i>Ind.</i>	
Name of person giving Information <i>B W Mallory</i>		How related to deceased		<i>Physician</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Extreme exhaustion</i>	How long	<i>8 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>R. B. Scott sub-reg</i>
		Address	<i>Podlesville</i>
Accident or Suicide?			<i>Ind.</i>

